

DOUG HUNT FACILITY RESERVATION REQUEST FORM

Field Requested: Only one field is reserved for each team. 90 minutes per slot.

_____ **Crittenden**
_____ **Mitchell**
_____ **Sanderson**

Season: Spring Jan-June
Fall July-Dec

Reservation times: Monday through Sunday. No Thursday nights
Mitchell and Sanderson are NOT available Sunday's from 1-6 p.m.

Days of the week: _____ Time: _____

Team Name: _____ League Night _____

Coaches Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell _____

OFFICE USE ONLY

Reservation Made By: _____ Date: _____

RELEASE AND WAIVER OF LIABILITY

I, the undersigned, being of legal and lawful age, in consideration for being allowed to utilized the above listed facility, do hereby release, waiver and forever discharge the City of Midwest City, it's agents, officials, employees and any individual, corporation or group sponsoring an activity at the listed facility, herein referred to as Releasee, from any bodily injury or personal injuries, known or unknown, or property loss or damage resulting or to result from any incident, which may occur as a result of the usage of the listed facility, weather caused by negligence of the Releasee or not. I further state that I have carefully read the foregoing Release and Waiver of all Liability and know that content thereof and I sign as my own free act.

Signed: _____ Date: _____

TO ALL FACILITY USERS

This reservation has priority over the other groups using this facility. If a problem arises over the usage of the facility, call 911 to contact the Midwest City Police Department. Please help us keep the parks and facilities clean and presentable. Please report all unsanitary and unsafe conditions or acts of vandalism to the Parks and Recreation Division Offices. We welcome your comments, both positive and negative and hope you enjoy your event. Thank you for your cooperation and assistance.