



**CITY OF HAYDEN  
RECREATION & COMMUNITY EVENTS DEPARTMENT  
PARK FACILITY RESERVATION**

Please complete this form and return (with payment) to:  
8930 N. Government Way, Hayden, ID 83835  
Phone: (208) 209-1080 Fax: (208) 772-6522

**24-HOUR BUSINESS DAY ADVANCE NOTICE IS REQUIRED TO RESERVE A SHELTER OR GAZEBO.  
NO ALCOHOLIC BEVERAGES, GLASS CONTAINERS OR ANIMALS ALLOWED IN ANY CITY PARK OR FIELD. PLEASE LEAVE THE AREA IN THE SAME  
CONDITION AS WHEN YOU ARRIVED. THANK YOU.**

Company/Group Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Date(s): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**RESERVATION INFORMATION**

Facility Requested: \_\_\_\_\_

Time period for use \_\_\_\_\_ to \_\_\_\_\_ (Facilities available from 6:00 a.m. to 10:00 p.m.)

No. of people expected? \_\_\_\_\_ Electricity Needed? **Yes No** (Please check)

Will any type of amplification or speaker system be used?  Yes (please complete loud speaker use request form)  No

**Type of Event (Please check):**

- ◆ Picnic      ◆ Wedding      ◆ Family Reunion      ◆ Class Reunion      ◆ Birthday Party  
◆ Other (Please explain): \_\_\_\_\_

**FACILITY FEES**

Name of Facility <i>(Please check all facilities being requested)</i>	Amount
<input type="checkbox"/> Broadmoore Park Shelter	\$55.00
<input type="checkbox"/> Finucane Park Gazebo	\$55.00
<input type="checkbox"/> McIntire Family Park Band Shell	\$55.00
<input type="checkbox"/> McIntire Family Park Gazebo	\$55.00
<input type="checkbox"/> Stoddard Park Shelter	\$55.00
<input type="checkbox"/> The Pasture @ Stoddard (after 1:30 pm)*	\$55.00
<input type="checkbox"/> Silo Stage @ Stoddard- in addition to The Pasture (after 1:30 pm)*	\$55.00

\* For weddings or events utilizing The Pasture and/or Silo Stage @ Stoddard a Public Assembly/Event Permit application will need to be completed and approved by Hayden City Council.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(By signing this permit, groups, individuals, and applicants agree that they have reviewed the policies, rules and regulations governing the use of said facility and agree to be bound by the same. Reference City Ordinance 7-5-3 through 7-7-5-9)*

**FEE & SERVICE CALCULATION (office use only)**

Facility Fee: \$ \_\_\_\_\_ x No. of Times Used \_\_\_\_\_ = **TOTAL AMOUNT DUE** \$ \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Special Notes: \_\_\_\_\_

- I acknowledge that I have read, understand and will abide by the Governor's May 1, 2020 Stay Healthy Order and have read the protocols by which youth activities are asked to follow, along with the mandatory social distancing and sanitation requirements. I agree to comply with Governor's Order and ensure all participants will comply with the Order. I agree that if the City determines myself and/or my participants are not in compliance with the Governor's Order, the City reserves the right to cancel/terminate this reservation.
- I acknowledge that there are many known and unknown dangers and risks associated with the use of the City's facilities, and I grant a general release for my participants and for myself, my heirs, executors, administrators and assigns, and I waive, remise and forever discharge and release the City and any and all elected or appointed officials of the City, and all officers, employees, volunteers, agents, insurers and any and all other individuals or entities affiliated with such persons, from any and all claims, several or otherwise, which can or may ever be asserted as a result of any injuries, damages, or communicable diseases sustained by me or by my participants during said use of the facility, including coming to and going away from the site.

I certify under the penalty of perjury pursuant to the law of the State of Idaho, that the foregoing is true and correct.

---

Signature

---

Date