

# Whitewater Township Batting Cage Use Application

Submit this completed application to the Township Clerk's Office, 5777 Vinton Road, Williamsburg, MI, or email to [clerk@whitwatertownship.org](mailto:clerk@whitwatertownship.org).

## Section 1 - Contact Information (please print legibly)

Name \_\_\_\_\_ Group (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## Section 2 - Rental Details

Date Requested: \_\_\_\_\_ Day of Week (circle one): Sun Mon Tues Wed Thurs Fri Sat

Time \_\_\_\_\_ to \_\_\_\_\_ (Usage is scheduled in 1-hour increments (including setup and cleanup time))

Number Attending \_\_\_\_\_ Type of Activity \_\_\_\_\_

## Section 3 - Signature

All usage is subject to approval.

I hereby make this application for use of the batting cage on the date and hours stated above. I also certify that the information on the application is true and that I have read and agree to abide by the Batting Cage Use Rules pertaining to the use of the Whitewater Township Batting Cage (attached). I shall be responsible for the use of the facility in accordance with the Batting Cage Usage Rules.

I further agree to indemnify, defend and hold harmless Whitewater Township, its officers, agents and employees, from and against all loss or expense (including costs and attorney fees) by reason of liability imposed by law upon Whitewater Township, its officers, agents and employees, for damages because of bodily injury, including death, at any time resulting therein sustained by any person or persons, or on account of damage to property, including loss of use thereof, arising out of or in consequence of the performance of this contract, whether such injuries to persons or damage to property is due or claimed to be due to the negligence of the contractor, Whitewater Township, its officers, agents and employees, excepting only such injury or damage as shall have been occasioned by the sole negligence of Whitewater Township, its officers, agents and employees.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Whitewater Township Use Only		
Date Received _____	Time Received _____	Received By _____
Donation Amount _____		
Approved By _____	Date Entered on Facility Calendar _____	