



GROUP USE RESERVATION APPLICATION FOR THE OZAUKEE INTERURBAN TRAIL



RESERVATION DATE / TIME _____

ORGANIZATION OR GROUP (SPONSOR) _____

CONTACT PERSON _____

E-MAIL _____

ADDRESS _____

TELEPHONE NUMBER _____

DESCRIPTION OF EVENT: Include estimated number of participants, time or range of times, **portion of the Ozaukee Interurban Trail to be used**, and any special needs (e.g. traffic control, waste removal). Please attach event brochure and/or pictures of past events, if available. Please attach additional sheets as necessary to describe the event and needs.

Please return your application 60 days prior to your requested reservation date. Ozaukee County Ordinance 5.08 Rules and Regulations must be followed with the use of the Ozaukee Interurban Trail and/or any local municipal ordinances as relevant. A fee may be charged as part of the approval process. A “group” is defined as 25 or more persons involved in the requested event.

The facilities (Ozaukee Interurban Trail) are to be left in satisfactory condition. **Any damage or excessive clean-up will result in a maintenance billing and the possible loss of your group’s privilege to use the facility in the future. I acknowledge the above requirements for the group use of the Ozaukee Interurban Trail.**

SIGNATURE _____ DATE _____

FURTHER INFORMATION/QUESTIONS: Andrew T. Struck **OR** Parks Department
PHONE: 262-238-8270 262-238-8257
FAX: 262-238-8278
astruck@co.ozaukee.wi.us

RETURN COPIES TO: OZAUKEE COUNTY PARK’S DEPARTMENT
121 W. Main St., P.O. Box 994
Port Washington, WI 53074-0994

PERMIT APPROVED BY:

(RELEVANT APPROVALS AND REQUIRED FEES ARE CHECKED)

(To fill in the checkbox electronically, double click on the gray box and change the default value to checked.)

- OZAUKEE COUNTY _____ DATE _____
- REQUIRED \$50.00 FEE PAID** _____ **DATE** _____
- CITY OF MEQUON _____ DATE _____
- VILLAGE OF THIENSVILLE _____ DATE _____
- CITY OF CEDARBURG _____ DATE _____
- VILLAGE OF GRAFTON _____ DATE _____
- CITY OF PORT WASHINGTON _____ DATE _____
- VILLAGE OF BELGIUM _____ DATE _____

The ORGANIZATION or GROUP (SPONSOR) listed above hereby agrees to indemnify Ozaukee County or specified local municipality for any and all damage or injury to any persons or property, which is in any way attributable to the above referenced event on the Ozaukee Interurban Trail.

Under no circumstances will Ozaukee County or specified local municipality be held responsible for damage to the Ozaukee Interurban Trail, or be held responsible for damage to an adjoining private property as a result of the above referenced event. The ORGANIZATION or GROUP (SPONSOR) listed above accepts all such responsibility and agrees to indemnify Ozaukee County or specified local municipality for any such claims.

The ORGANIZATION or GROUP (SPONSOR) should provide his or her own health and accident insurance. Ozaukee County may require a certificate of insurance and recommended coverage and/or require that Ozaukee County be listed as an “additional insured” for an event. The Public Works Committee of the Ozaukee County Board of Supervisors will determine the necessity of a certificate of insurance, recommended coverage, and “additional insured” listing based upon this application and description of the event.