

CITY OF NORTH OLMSTED

Mayor Kevin M. Kennedy

Know all men by these presents that I, _____
(Print Name)

as (Officer/Title)_____

of (Name of Organization)_____

for value received as a renter and/or user of the North Olmsted Community Cabin, forever discharge the City of North Olmsted, all its agents, representatives and employees thereof, from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss or injury, of whatsoever kind and nature, arising from, and by reason of all known and unknown, foreseen and unforeseen, bodily and personal injuries, damage to any property including, but not limited to, any equipment, personal property or any items in storage, and the consequence thereof, incurred by me or the above organization, and any successors and assigns of the same, resulting from the rental and/or use of, or any part thereof, located in the City of North Olmsted.

RENTER AND/OR USER_____

(Signature Required)

ADDRESS_____

TELEPHONE_____

DATE_____

THIS SIGNED DISCLAIMER MUST BE RETURNED TO RECEIVE PERMIT!

28114 Lorain Road, North Olmsted, Ohio 44070
Phone: (440) 716-4168 - Fax: (440) 716-4246
Attn: Jackie Chavez-Anderson