



# Village of Maple Park

302 Willow Street ♦ P.O. Box 220 ♦ Maple Park, Illinois 60151

Village Hall: 815-827-3309  
Fax: 815-827-4040  
Website: <http://www.villageofmaplepark.com>

## PARK DONATION AGREEMENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

P.O. Box \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Item to be Donated: \_\_\_\_\_

I have attached a drawing of where the item is to be placed, which is in accordance with the official Memorial Park plan.

I, the undersigned, will be donating an item, as listed above, to be placed at the following location: \_\_\_\_\_ in the Village of Maple Park, Illinois, Kane and DeKalb Counties, hereby agrees to release, indemnify and hold the Village of Maple Park, its officers and employees harmless from all liability associated with the undersigned's participation in the activities and use of said premises.

I further understand that I am responsible, including but not limited to all claims, demands, suits, judgments, awards that may be brought, charge, entered or levied against the Village, its officers and employees on account of the undersigned's participation in the activities and use of said premises.

I further understand that I am responsible for all costs associated with the donation of this item.

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

<b>STAFF USE ONLY</b>	
<b>↓↓DO NOT WRITE IN THIS AREA↓↓</b>	
<input type="checkbox"/> donation accepted <input type="checkbox"/> donation denied	
Date:	
Staff initials:	
Comments:	