
“VISIT BEAUTIFUL LAKE BRONSON and LAKE BRONSON STATE PARK”
NORTHERN MINNESOTA’S FINEST RECREATION CENTER

THE CITY OF LAKE BRONSON

PO BOX 70
LAKE BRONSON, MINNESOTA-56734
(218) 754-2710

I _____ agree to pay a \$50.00 deposit for the use of # _____ tables and # _____ chairs from the Lake Bronson gym. The deposit will be refunded upon the return of the tables in the same condition that they were received.

I understand that my use of the tables and/or chairs is voluntary and that I am using it for my benefit only. I agree that my use of the City of Lake Bronson’s Equipment are undertaken at my own risk and that the City of Lake Bronson will not be liable for any claims, injuries, damages of whatever nature incurred by me or members of my organization due to the negligence of members of my organization, or the negligence of third parties. On behalf of myself and the organization that I represent, I expressly forever release and discharge the City, it’s agents or employees, from any such claims, injuries or damages, I also agree to defend, indemnify and hold harmless the City from any claims, injuries, or damages of whatever nature arising out of or connected with my use of the City of Lake Bronson’s tables and/or chairs. I also agree to reimburse the City of Lake Bronson for any damage, breakage, maintenance, theft or equipment beyond the damage figure if so warranted.

User Representative _____ Date: _____

Please Return this form to:
City Clerk’s Office
City of Lake Bronson
PO Box 70
Lake Bronson, MN 56734

APPROVED BY: _____ Date: _____
(City Representative)