

CITY OF WESTON
1865



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“This institution is an equal opportunity provider and employer”

PARADE PERMIT

Name of organization/individual requesting use

Date requested

Day

Total time area reserved

_____ to _____

Actual event hrs

Describe activity in detail:

The applicant is responsible for informing the group’s members of their duties/responsibilities under policies and procedures.

1. It is understood and agreed that the City, it’s Mayor, City Council, Boards, employees, volunteers, and agents shall be held harmless against all claims, damages, loss or expenses including attorney’s fees arising out of resulting from the use of the parade route and surrounding areas.
2. Each group shall be fully responsibility for the physical condition in which they leave the parade route, it must be left in as good as shape as when function stated. All garbage shall be picked up and pit in appropriated receptacles. The expenses resulting from any damage or undue maintenance shall be charged to the applicant. Failure to meet this obligation within thirty (30) days of billing will be incurred by the City for collection.
3. I have read, understand, and agree to comply with all the rules, regulations, policies fee schedules, as set forth by the City of Weston.

HOLD HARMLESS AGREEMENT

I agree to be responsible for the conduct of our group in and about the facilities in use, for the control and containment of alcohol and noise, group participants, litter and damage beyond ordinary, wear and tear, which may occur while we are occupying the premises. It is understood and agreed that the City, it's Mayor, City Council, Boards, employees and volunteers and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from the use of this facility.

* _____ **I am over 18 years of age.**

* _____ **I agree to adhere to all policies set forth by the City.**

* _____ **All information, to the best of my knowledge, provided on this form is truthful.**

**** All three statements above must be initialed by applicant.**

Organization

Signature

Home Phone

Cell Phone

Approved by _____ Date _____

City Council _____ Date _____