

CITY OF WESTON

APPLICATION FOR USE OF CITY PARK

Name of organization/individual requesting use

_____ to _____

Date requested Day Total time area reserved Actual event hours

Describe activity in detail:

Number of people expected to attend: _____

THE APPLICANT IS RESPONSIBLE FOR INFORMING THE GROUPS MEMBERS OF THEIR DUTIES/RESPONSIBILITIES UNDER POLICIES AND PROCEDURES.

1. It is understood and agreed that the City, its 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 or resulting from the use of the City Park and surrounding areas.
2. Each group shall be fully responsible for the physical condition in which they leave the park, it must be left in as good as shape as when function started. All garbage shall be picked up and put in appropriate 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 and fee schedules, as set forth by the City of Weston. I further attest that I will be personally responsible for repair or damage to equipment, the grounds or for replacement of stolen equipment.

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.**

Printed Name

Signature

Date

Home Phone

Cell Phone

Business Phone

Refundable Security Deposit \$50.00

Approval by

Date

For office use only:

Key picked up by: _____ Date: _____

Post event inspection by: _____ Date: _____

Results: _____ acceptable _____ unacceptable

Areas unacceptable: _____

Key returned _____ Yes _____ No