



REQUEST TO USE PARK FACILITY

Return completed request to:

Parks Division, 633 Walnut, Abilene, Texas 79601 or parksandrec@abilenetx.gov



GENERAL USE

WALK/RUN

PARK FACILITY OR AREA REQUESTED: _____

DATE/DAYS OF WEEK FACILITY WILL BE USED: _____ TIMES REQUESTED: _____

ROUTE WITHIN PARK BOUNDARIES: YES NO (IF NO, ROUTE MAP REQUIRED)

IS SPONSORING ENTITY A NON-PROFIT? YES NO IF YES, TAX ID #: _____

NAME OF ORGANIZATION AND PERSON REQUESTING USE OF PARK FACILITY (INDIVIDUAL MUST BE 21 YEARS OF AGE OR OLDER): _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP _____ EMAIL ADDRESS: _____

LIST NAME, ADDRESS, EMAIL ADDRESS, AND TELEPHONE NUMBER OF TWO RESPONSIBLE ADULTS WHO WILL BE PRESENT AT FUNCTION (REQUIRED):

NAME: _____ EMAIL ADDRESS: _____

ADDRESS: _____ CELL PHONE: _____

NAME: _____ EMAIL ADDRESS: _____

ADDRESS: _____ CELL PHONE: _____

ARE YOU PROVIDING ANY TYPE OF SECURITY FOR YOUR FUNCTION? YES NO

IF YES, WHAT TYPE? _____

WILL THERE BE A FEE CHARGED FOR THIS FUNCTION? YES NO

IF YES: SPECTATOR? \$ _____ PARTICIPANT? \$ _____ VENDOR? \$ _____

(SPECTATOR FEE REQUIRES PARKS BOARD APPROVAL. PLEASE ALLOW 45 DAYS FOR APPROVAL)

IF AVAILABLE AT THE LOCATION, WILL ELECTRICITY BE NEEDED? YES NO

(ELECTRICITY FEES ARE \$20.00 PER EVENT. PAYABLE TO THE CITY OF ABILENE)

IF AVAILABLE AT THE LOCATION, WILL LIGHTS BE NEEDED? YES NO IF YES, HOW MANY HOURS? _____

(LIGHTING COSTS IS \$20.00 AN HOUR, PER FIELD. PAYABLE TO THE CITY OF ABILENE)

WILL ADDITIONAL TRASH DUMPSTERS BE NEEDED? YES NO

(IF YES, YOU MUST CONTACT SOLID WASTE SERVICES AT (325) 676-6053.)

WILL YOUR FUNCTION BE PROMOTED TO THE PUBLIC TO ATTEND? YES NO

WILL FOOD OR DRINKS BE SERVED? YES NO

IF YES, WILL THE FOOD BE PREPARED ON SITE, PRE-PACKAGED, OR CATERED? _____

(IF THE EVENT IS PUBLIC AND FOOD WILL BE PREPARED ON SITE, YOU MUST CONTACT THE ENVIROMENTAL HEALTH DEPARTMENT AT (325) 676-6291 IN ORDER TO OBTAIN A HEALTH PERMIT.)

ARE YOU PLANNING ON SETTING UP VENDOR BOOTHS, TENTS, ETC? YES NO

IF YES, WHAT TYPE OF VENDORS AND HOW MANY? _____

(VENDORS SELLING FOOD OR MERCHANDISE ARE REQUIRED TO PURCHASE A VENDOR PERMIT; \$30 FOR A ONE-DAY EVENT; \$50 FOR A TWO-DAY EVENT.)

ARE YOU PLANNING TO HAVE A BOUNCE HOUSE OR AIR CASTLE? YES NO

(A BOUNCE HOUSE/AIR CASTLE PERMIT IS \$25 PER EVENT. VENDOR MUST BE APPROVED BY THE CITY OF ABILENE. WATER SLIDES ARE NOT PERMITTED)

BRIEFLY DESCRIBE THE FUNCTION, ACTIVITIES PLANNED, AND ANY SPECIAL REQUIREMENTS:

I, the undersigned, agree to abide by the following policies and guidelines:

The facility will be cleaned and left in the same condition in which it was found. Compliance with all city, state, and federal laws is required. **Smoking, parking on the grass, alcoholic beverages are not allowed in any park facility.** Sound levels will be kept to a minimum in order not to disturb other park patrons or the surrounding neighborhood.

The use of amplified sound (voice and/or musical Instruments) is permitted on a limited basis. The City reserves the right at any time to require individual(s) reserving the facility to reduce volume levels and/or eliminate all amplified sound as may be considered a nuisance to the adjacent neighborhood.

The undersigned does indemnify and hold harmless the City of Abilene from and against any and all loss, cost (including statutory liability and liability under workers compensation laws) in connection with claims for damages as a result of injury or death to any person or damage to any property sustained by the individual(s) using the facility or any and all other persons which arise from, or in any manner grow out of, any act or neglect on or about the facility by the individuals using the facility, guests or invitees.

If required by the Community Services Department I/we will provide Liability Insurance coverage in the amount of five hundred thousand dollars (\$500,000) combined for both bodily injury and property damage on a per occurrence or claims basis, in accordance with the **specifications outlined in Exhibit A.**

Signature

Date

Exhibit A

Individual(s) renting the facility shall insure the indemnity clause of this Facility Rental Application by obtaining public liability insurance in the amounts set forth below. All insurance policies shall be subject to the examination and approval of the Risk Manager for their adequacy as to form, content, type of protection and insurance company. Lessee shall furnish to the Community Services Department, certificates of insurance or copies of the policies, plainly evidencing the required insurance prior to commencement of activities at the facility. Adequate insurance coverage as defined here shall mean comprehensive general liability insurance covering those activities contemplated by this facility use agreement, with minimum coverage limits as follows:

TYPE

Comprehensive General Public Liability: to include (but not limited to) the following:

Premises/ Operation

Independent Contractors

Personal Injury

Products/ Completed Operations

Contractual Liability (Insuring Indemnity Provision within this Agreement) F) Dram Shop (Liquor) Liability (Where Exposure Exists)

AMOUNT

Bodily Injury:

\$300,000 per person

\$500,000 per occurrence

Property Damage:

\$300,000 per occurrence **OR** \$500,000 Combined Single Limit for bodily injury and property damage.

Additional Insurance Requirements: With respect to the above insurance, the individual(s) renting the facility will have the City of Abilene and _____ named as an additional insured; and provide for a Waiver of Subrogation in favor of the City

ADMINISTRATIVE USE ONLY

DIRECTOR OF COMMUNITY SERVICES: _____ DATE: _____

ASSISTANT DIRECTOR OF COMMUNITY SERVICES: _____ DATE: _____

PARKS DIVISION MANAGER: _____ DATE: _____

RECREATION/SENIOR SERVICES ADMINISTRATOR: _____ DATE: _____

YES NA LIABILITY INSURANCE CERTIFICATE ATTACHED OR ON FILE.

YES NA ENVIRONMENTAL HEALTH APPROVAL REQUIRED FOR THIS REQUEST.

REFERRED TO ENVIRONMENTAL HEALTH. EMPLOYEE: _____ DATE: _____

YES NA PARKS AND RECREATION BOARD APPROVAL WILL BE REQUIRED.

APPROVED BY THE PARKS AND RECREATION BOARD ON _____ 20____.