



Application for Use of City Facilities

I. Name Date of Request _____
 Bill to: _____
 Applicant or Organization _____

Street _____ City _____ Zip _____

Person in Charge _____ Daytime Phone No. _____

Check one: Partner Group School District Sponsored Group 3rd Priority Group

II. Facility Requested

Check facility to be used:

- Erik Tesarik Field Riverfront 1 East Riverfront Rookie South Winnie Houser
 Denny Engberg Field Riverfront 2 West Riverfront T-Ball North

III. DATES

Dates: _____
 Dates: _____
 Dates: _____

IV. Purpose Describe Briefly _____

- A. Will admission be charged? _____ Yes _____ No B. Fund Raising? _____ Yes _____ No
 C. Primary use is for _____ Adult _____ Child D. Number of People expected _____
 E. What type of supervision will be provided? _____

V. Payment of Rental Fees

Rental Fees shall be determined by the latest established rental rates. Estimated facility use fees must be PREPAID before the facility use application will be approved.

Weekly Facility Rental Fee _____ x: Weeks _____ = Total Fee _____
 Daily Facility Rental Fee _____ x: Days _____ = Total Fee _____
Total Rental Fee _____

VI. Agreement and Insurance

The applicant hereby agrees to abide by the laws of the State of Washington, Skagit County, and by the regulations of the City of Sedro-Woolley. It is understood that these laws specifically prohibit the use of tobacco products and alcoholic beverages on City property. It is also understood and agreed by the applicant that this permit may be revoked or cancelled by the City of Sedro-Woolley at any time with or without cause. The applicant agrees to protect, indemnify and save harmless the City of Sedro-Woolley, its employees, elected officials, insurers and volunteers from any and all claims, liabilities, damages, or rights of action directly or indirectly growing out of the use of the facility covered by this application.

It is understood that in the event of damage arising from the use of the facility the applicant will be held responsible for all expenses incurred by the City and billed accordingly.

The user is required to provide evidence of a Comprehensive General Liability insurance policy naming the City of Sedro-Woolley as an additional insured with an additional insured endorsement. This policy shall be procured at the user's expense. The policy will provide primary coverage with written limits of not less than \$1,000,000, Combined Single Limits per occurrence. Coverage cannot be cancelled or reduced without thirty (30) days written notice to the City.

A Certificate of Insurance evidencing the coverage with an additional insured endorsement naming the City of Sedro-Woolley as an additional insured must be submitted to the City Finance Department.

I have read the rules and regulations above and the City Athletic Field Usage Policy and agree with the established guidelines and requirements.

Authorized Signature _____ Date _____

FOR CITY STAFF USE ONLY _____ APPROVED _____ NOT APPROVED

CITY STAFF SIGNATURE _____ DATE _____

EVIDENCE OF INSURANCE REQUIRED YES _____ NO _____

ACCOUNTING USE ONLY