

Athletic Fields/Park Use Application and Permit

MAKE CHECKS PAYABLE TO:
 City of Laguna Hills
 25555 Alicia Parkway
 Laguna Hills, CA. 92653
 949-707-2680 FAX: 949-707-2688

*Fees Subject to Change Without Notice

**** Must be accompanied by COVID-19 Release and Indemnity Agreement (Attached)**

Application & Permit for Athletic Field/Park Use. Please type or print neatly.

Applicant: _____ Organization _____
 Address _____ Phone: Home () _____ Cell () _____
 City _____ State _____ Zip _____ Non-profit IRS # _____
 E-mail: _____

Event Information

Additional equipment you will provide: _____
 Contact person (day of event): _____ Phone: () _____
 Bounce House Yes or No (please circle) Company _____
 Bounce House Company Phone: () _____ Number of people expected _____
 Event Time: _____ am/pm _____ am/pm

Field Use/Park Use	Date	Day	Time In Includes set-up time	Time Out Includes clean-up time	For Office Use Only			
					Days	Hours	Rate per hour	Sub Total

Indemnification: Applicant hereby agrees to defend, indemnify and hold harmless the City of Laguna Hills, and their council members, officers, staff, employees, servants, attorneys, and agents (hereinafter collectively the "City Representatives") from and against any and all claims, demands, expenses, liabilities, disputes, rights, remedies, and causes of action of every kind and nature whatsoever, including attorney's fees (hereinafter collectively "Claims") asserted by anyone including any person, entity, or governmental agency, which Claims arise from, or in any way relate to: (a) the proposed use of City premises or facilities; (b) the event described herein; (c) service or use of alcoholic beverages, if any; or (d) any acts or omissions of Applicant or Applicant's officers, employees, volunteers, invitees, or guests, or any participant in the proposed event. This provision applies regardless of any active or passive negligent act or omission of City Representatives but does not apply to the extent the Claims are caused by the gross negligence or willful or wanton misconduct of City Representatives. This Indemnification applies even if insurance is required.

Rental Total	
Deposit Amount	
Credit Card (type) AMEX MC Visa	
Check # _____	
Cash	
Rec'd by:	
Balance Due	
Credit Card (type) AMEX MC Visa	
Check # _____	
Cash	
Rec'd by:	

Applicant Signature: _____ Date: _____

Print Name: _____

By initially here _____, Applicant acknowledges receipt of the applicable **City Council Facility Reservation and Use Policy 317** and agrees to abide by the rules and regulations of facility use set forth therein.

For Office Use Only

Insurance Required? Yes No Ins. Certificate #: _____ Deposit Due Date: _____
 Tax Form Required? Yes No Received: Date: _____ Final Payment Due: _____
 Deposit Refund: _____

Application: Approved Denied Supervisor: _____ Reason: _____
 Reservation Type: RNP RP NRNP NRP COMM