

CA# _____ (Insurance verification)
Expiration Date _____

Google Doc # _____
Permit # _____
Payment update: Yes__ No__



City of Los Angeles • Department of Recreation and Parks
APPLICATION FOR USE OF FACILITIES (THIS IS NOT A PERMIT)

PERMITTEE MAY NOT PUBLICIZE THE EVENT UNTIL A PERMIT HAS BEEN ISSUED



PLEASE READ AND COMPLETE ITEMS 1 THRU 19 AND SIGN THE DOCUMENT (SIGNATURE OF APPLICANT)

1. Recreation Center _____
2. Name of Organization _____ 3. Representative's Name _____
4. Mailing Address _____ City _____ Zip _____
5. Contact Evening () Cell () e-mail _____
6. Type of Event _____
7. Date and Time of Event _____

<u>Day(s)</u>	<u>Month/Date(s)</u>	<u>Time(s)</u>
Sunday	_____	_____ to _____
Monday	_____	_____ to _____
Tuesday	_____	_____ to _____
Wednesday	_____	_____ to _____
Thursday	_____	_____ to _____
Friday	_____	_____ to _____
Saturday	_____	_____ to _____

8. Charging Fee(s)? Yes No \$ _____ 9. Will food sales be conducted? Yes No
10. # Participants: Adult _____ Youth _____

11. Facilities/Services Requested (check all that apply):

- Auditorium Kitchen Outdoor Area Baseball Diamond # _____
Gymnasium Meeting Room Utility Hookup Picnic Area # _____
Other _____
Field # _____

12. Is this a Fundraiser? Yes No 13. Refreshments Served? Yes No 14. Canopies/Tents? Yes No

15. Center Rental Company Rental Company Name: _____ Chairs:# _____ Tables:# _____ Insurance #: _____

16. Moon Bounce Yes No Company Name _____
Moon bounce CA # (Insurance verification) _____ Expiration Date: _____ Phone No. _____

17. Will you require electrical set-ups? Yes No 18. Will you be erecting/assembling any structure larger than a 10 x 10 canopy? Yes No

19. There is a possibility that this event may need insurance, please check with the Facility director

HOLD HARMLESS/WAIVER OF DAMAGES

Permittee hereby expressly agrees on its behalf and that of its dependents, heirs, assigns and legal representatives: That the City of Los Angeles, its officers, agencies, employees and volunteers shall not be responsible or liable for any injury (physical or mental), death, damage, loss or expense (including legal costs and reasonable attorney fees) either to Permittee, its invitees, or a party's property incurred while Permittee is exercising the above permission or is engaged in activities related thereto.

PERMITTEE HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY AND ALL RISK OF INJURY, DEATH OR PROPERTY DAMAGE

Arising out of said activities. Permittee further agrees to indemnify and hold harmless the City, its officers, agencies, employees, and volunteers from all loss or liability, actual or alleged, that arise from Permittee's conduct, either intentional or negligent, while participating in the above described activities. However, neither the waiver nor the indemnity agreement exempts the City, its officers, agencies, employees or volunteers from acts of gross negligence or willful misconduct.

PERMITTEE HERBY REPRESENTS THAT:

Permittee is aware of the condition of the public premises and accepts the premises in their present condition. Permittee agrees to abide by all safety regulations. Permittee has carefully reviewed this document, understands its contents, and signs it voluntarily, without being subject to coercion.

THE SALE, SERVING AND CONSUMPTION OF ALCOHOLIC BEVERAGES IS NOT PERMITTED. SOUND AMPLIFYING SYSTEMS ARE PROHIBITED. (MC63.44)

I certify that all statements on this application are complete and correct.

Signature of Applicant/Permittee: _____

Date _____

TO BE COMPLETED BY DIRECTOR IN CHARGE

APPLICATION MUST BE FILLED OUT COMPLETELY, GIVEN IMMEDIATELY TO THE DISTRICT SUPERVISOR FOR APPROVAL WITH ALL FEES PAID IN FULL OR RESERVATIONS REQUIRE AN ADVANCE DEPOSIT OF 50% OF THE TOTAL FEES (PER RATES AND FEES MANUAL). ALL APPLICATIONS ARE TO BE SUBMITTED TO THE REGION OFFICE TWO WEEKS PRIOR TO EVENT. SPECIAL EVENTS WITH 200+ REQUIRES PRIOR APPROVAL BEFORE FEES ARE COLLECTED AND 12 WEEKS PRIOR TO THE EVENT

Facility is normally : Open Closed Staff Coverage Required: Yes No

Is Insurance Required : <input type="checkbox"/> Yes <input type="checkbox"/> No		*Leagues, competitive sports, activity involves risk, or large event/number of people.				CAO # / Insurance verification Top front page	
Fees: <input type="checkbox"/> Regular Permit <input type="checkbox"/> Fee Generating Permit		Group Exempt from fees? <input type="checkbox"/> Yes <input type="checkbox"/> No		Proof of Non-Profit status attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
		If yes - Exemption number _____					
<input type="checkbox"/>	No. Staff Needed	x	# of hours requested	=	Total Staff Hrs	x	Hourly rate \$ = \$
<input type="checkbox"/>	Basic Room Fee (hourly rate)		# of hours requested	x	Hourly rate \$		= \$
<input type="checkbox"/>	Additional Rooms	Time(s):	# of hours requested	x	Hourly rate \$		= \$
<input type="checkbox"/>	Use of Kitchen (Rates & Fees)						= \$
<input type="checkbox"/>	Indoor Refreshment Fee (Rates & Fees)						= \$
<input type="checkbox"/>	Field Rental Fee: Daylight Use		Hours	x	Hourly rate \$		= \$
<input type="checkbox"/>	<input type="checkbox"/> Field Lights used		Hours	x	Hourly rate \$		= \$
<input type="checkbox"/>	Gymnasium Rental Fee:		Hours	x	Hourly rate \$		= \$
<input type="checkbox"/>	Scoreboard use						= \$
<input type="checkbox"/>	Picnic Reservation Fee:	<input type="checkbox"/> -50	<input type="checkbox"/> 51-100	<input type="checkbox"/> 101-200	<input type="checkbox"/> 201-400**see note	<input type="checkbox"/> 201-400**see note	= \$
<input type="checkbox"/>	Non-Refundable Picnic Permit Fee (All picnic reservation and specific facilities) – (deposited into Regional Account)						= \$
<input type="checkbox"/>	Moon Bounce Fee (100% Center MRP)						= \$
<input type="checkbox"/>	Center Rental:	<input type="checkbox"/> Chairs	#	= \$	<input type="checkbox"/> Tables	#	= \$
<input type="checkbox"/>	Utility Hookup Fee						= \$
<input type="checkbox"/>	Other Charges (Explain)						= \$
<input type="checkbox"/>	Clean-up Breakage 100% <input type="checkbox"/> or 80% <input type="checkbox"/> Refundable Deposit:		Receipt No.		Date:		= \$

TOTAL CHARGES with Deposit: = \$

LESS PAYMENT: Receipt No. _____ Date: _____ = \$

Balance Due By (date): _____ TOTAL BALANCE DUE: = \$

Less additional payments(dates) _____

Receipt # / Amount: R# _____ \$ _____ R# _____ \$ _____ R# _____ \$ _____ Total: = \$

Total After Additional Payments = \$

Approval of Director in Charge _____ Date _____

Approval of District Supervisor _____ Date _____

Approval of Principal Recreation Supervisor _____ Date _____

**PLEASE NOTE: For EVENTS (200 persons or more) Principal Maintenance Supervisor and Recreation Superintendent Required

**Special Event long Form may be Required

Approval of Principal Maintenance Supervisor _____ Date _____

Approval of Superintendent _____ Date _____

Comments:
