Submit Form

PARKS RENTAL AGREEMENT

TOWN OF EATONVILLE / PO BOX 309 / EATONVILLE, WA 98328

APPLICATION FOR USE

ORGANIZATION/AGENCY/ BUSINESS: _____
PERSON IN CHARGE: _____
BUSINESS PHONE #_____
ADDRESS: _____
P.O. BOX/STREET CITY STATE ZIP

IS THIS A 501(C)(3) ORGANIZATION? YES NO WILL ADMISSION BE CHARGED? YES NO

TYPE OF ACTIVITY: _____

DATE(S) REQUESTED: _____ TIME REQUESTED: FROM_____TO_____

WILL LIQUOR BE SERVED? YES NO Live Entertainment if yes, kind:_____
(If yes, you will need to obtain a Banquet permit from the WA Liquor Control Board – available at www.liq.wa.gov)

ESTIMATED GROUP SIZE: (NUMBER IN GROUP) _____

Kitchen Use: Yes___ No___ Bathroom Use Yes___ No___ Stage Use: Yes___ No ___

IN CONSIDERATION FOR BEING PROVIDED A LICENSE TO USE TOWN PROPERTY, APPLICANT HEREBY AGREES TO RELEASE, DEFEND, INDEMNIFY AND HOLD HARMLESS THE TOWN, ITS APPOINTED AND ELECTIVE OFFICERS, AND ITS EMPLOYEES FROM AND AGAINST ALL CLAIMS, DEMANDS, LIABILITIES, LAWSUITS, LOSSES, AND EXPENSES (INCLUDING BUT NOT LIMITED TO JUDGMENTS, SETTLEMENTS, ATTORNEY'S FEES AND COSTS) OCCURRING DURING OR ARISING OUT OF APPLICANT'S USE OF TOWN PROPERTY. THIS RELEASE EXTENDS TO ANY CLAIM, DEMAND, LIABILITY, LAWSUIT, OR LOSS THAT RESULTS IN ANY PERSONAL INJURY OR DEATH TO ANY PERSON; AND/OR ANY PROPERTY INJURY, DAMAGE, OR LOSS, INCLUDING ANY LOSS OF USE AND/OR CONSEQUENTIAL DAMAGES RESULTING FROM SUCH LOSS. APPLICANT AGREES THAT HE/SHE/IT IS RESPONSIBLE FOR SUPERVISION AND CONTROL OF GROUP OR INDIVIDUALS TO PREVENT INJURY AND ENSURE SAFETY, AS WELL AS ALL ASPECTS OF USE, INCLUDING PAYMENT OF FEES AND CHARGES, DAMAGE TO EQUIPMENT, PROPERTY OR GROUNDS OR ANY OTHER INCIDENT WHICH MAY OCCUR.

I, THE UNDERSIGNED AND HAVING AUTHORITY TO SIGN ON BEHALF OF THE ABOVE-NAMED APPLICANT, UNDERSTAND THAT CONDUCT IS GOVERNED BY THE EATONVILLE MUNICIPAL CODE, INCLUDING BUT NOT LIMITED TO CHAPTER 12.20 EMC. I UNDERSTAND THAT, AS A CONDITION OF THE TOWN GRANTING THIS LICENSE, APPLICANT MUST COMPLY WITH ALL APPLICABLE LAWS, AND MUST ALSO OBTAIN AND COMPLY WITH ALL REQUIRED LICENSES AND PERMITS THAT APPLY TO THE INTENDED ACTIVITY. APPLICANT MUST PROVIDE THE TOWN PROOF OF INSURANCE IN THE AMOUNT OF ONE MILLION DOLLARS PER INCIDENT, WITH THE TOWN BEING NAMED AS AN ADDITIONAL INSURED.

I ACKNOWLEDGE THAT I HAVE HAD AMPLE OPPORTUNITY TO REVIEW THE TERMS ON THIS FORM, INCLUDING THE OPPORTUNITY TO CONSULT WITH INDEPENDENT LEGAL COUNSEL REGARDING THE SAME PRIOR TO SIGNING. IN CONSIDERATION FOR THE LICENSE GRANTED BY THE TOWN, I HEREBY AGREE TO ALL TERMS HEREIN.

_____ _____ _____
NAME (PLEASE PRINT) SIGNATURE DATE
(IF APPLICANT IS A BUSINESS/ORGANIZATION, SIGNATORY WARRANTS THAT HE/SHE HAS AUTHORITY TO SIGN ON BEHALF OF SAID BUSINESS/ORGANIZATION)

FOR OFFICE USE ONLY

	AMOUNT DUE	DATE DUE	DATE PAID
DAMAGE DEPOSIT	_____	_____	_____

Approved by Mayor: _____