

CA# _____ (Insurance verification)

PERMIT # _____

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 13 AND SIGN THE DOCUMENT (SIGNATURE OF APPLICANT)

1. Recreation Center ROSE HILL RECREATION CENTER

2. Name Of Organization _____ 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 \$ _____ Will food sales be conducted? Yes No No. Participants: Adult _____ Youth _____

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

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

10. Is this a Fundraiser? Yes No Refreshments? Yes No Canopies/Tents? Yes No

11. Moon Bounce Yes No Company Name _____
Contact Name _____ Phone No. _____

12. Will you require electrical set-ups? Yes No Will you be erecting/assembling any structure? Yes No

13. 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 either 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 may 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 or 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 APPLIFYING 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.

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

Is Insurance Required : <input type="checkbox"/> Yes <input type="checkbox"/> No Multiple days used, activity involves risk, or large event/number of people.	CAO # / Insurance verification Top of front page
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Fees: Regular Permit Fee Generating Permit Group Exempt? Yes No
 If yes put group number _____ Proof of Non Profit status attached Yes No

Basic Room Fee (1st 3 hours) _____ = \$ _____

<input type="checkbox"/> No. Staff Needed	x	# of hours requested	=	Total Staff Hrs x Hourly Rate	\$	=	\$
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Additional Hours Needed (Rates & Fees) _____ X Hourly Rate \$ _____ = \$ _____

Additional Rooms (Rates & Fees) _____ x \$ _____ x \$ _____ = \$ _____

Use of Kitchen (Rates & Fees) _____ = \$ _____

Refreshment Fee (Rates & Fees) _____ = \$ _____

Field / Gymnasium Rental Fee _____ Hours x \$ _____ = \$ _____

Picnic Reservation Fee: 1-50 51-100 101-200 201-400**see note 201-400**see note = \$ _____

Non-Refundable Permit Fee (All picnic reservation and specific facilities) – (deposited into Regional Account) = \$ _____

Picnic Maintenance Fee (MRP # _____) = \$ _____

Moon Bounce Fee (Special Fund) _____ = \$ _____

Rental: Chairs # _____ x \$ _____ Tables # _____ x \$ _____ = \$ _____

Utility Hookup Fee _____ = \$ _____

Clean-up Breakage Refundable Deposit _____ Receipt No. _____ = \$ _____

Other Charges (Explain) _____ = \$ _____

TOTAL CHARGES: = \$ _____

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

Balance Due By: _____ TOTAL: = \$ _____

Approval of Director In Charge _____ Date _____

Approval of District Supervisor _____ Date _____

Approval of Principal Recreation Supervisor _____ Date _____

Approval of Principal Maintenance Supervisor _____ Date _____

**Supervisor Please Note: For LARGE SPECIAL EVENTS (200 persons or more) notify Principal Supervisor and Superintendent.

Approval of Superintendent _____ Date _____

Comments: _____