

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 14 AND SIGN THE DOCUMENT (SIGNATURE OF APPLICANT)

1. Recreation Center Peck Park Community Center, 560 N. Western Ave., San Pedro, CA 90732, (310) 548-7580
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. Rental:  Yes  No  Chairs # \_\_\_\_\_  Tables # \_\_\_\_\_

12. Moon Bounce  Yes  No Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone No. \_\_\_\_\_

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

14. 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 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.

Facility is normally : <input type="checkbox"/> Open <input type="checkbox"/> Closed		Staff Coverage Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Recreation Center <input type="checkbox"/> Subsidized Center <input type="checkbox"/>		
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		
Fees: <input type="checkbox"/> Regular Permit <input type="checkbox"/> Fee Generating Permit		Group Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes put group number _____		Proof of Non Profit status attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/>	Basic Room Fee (Hours)				= \$	
<input type="checkbox"/>	No. Staff Needed	x	# of hours requested	=	Total Staff Hrs x Hourly Rate \$ = \$	
<input type="checkbox"/>	Additional Rooms (Rates & Fees)		x	\$	x \$ = \$	
<input type="checkbox"/>	Use of Kitchen (Rates & Fees) (\$75.00)				= \$	
<input type="checkbox"/>	Refreshment Fee (Rates & Fees) (\$25.00)				= \$	
<input type="checkbox"/>	Field / Gymnasium Rental Fee		Hours	x	\$ = \$	
<input type="checkbox"/>	Picnic Use Fee:	<input type="checkbox"/> 1-50 (\$75.00)	<input type="checkbox"/> 51-100 (\$100.00)	<input type="checkbox"/> 101-200 (\$150.00)	201+ see special event fees = \$	
<input type="checkbox"/>	Picnic Reservation Fee (\$25.00) Non-Refundable				= \$	
<input type="checkbox"/>	Moon Bounce Fee (\$25.00)				= \$	
<input type="checkbox"/>	Rental:	<input type="checkbox"/> Chairs #	x \$	<input type="checkbox"/> Tables #	x \$ = \$	
<input type="checkbox"/>	Utility Hookup Fee (\$75.00)				= \$	
<input type="checkbox"/>	Clean-up Breakage Refundable Deposit		Receipt No.		= \$	
<input type="checkbox"/>	Other Charges (Explain)				= \$	
				<b>TOTAL CHARGES:</b>		= \$
LESS DEPOSIT:		Receipt No.		Date		= \$
Balance Due By:				<b>TOTAL:</b>		= \$
Approval of Director In Charge					Date	
Approval of District Supervisor					Date	
Approval of Principal Recreation Supervisor					Date	
Approval of Principal Maintenance Supervisor					Date	
<b>**Supervisor Please Note: For LARGE SPECIAL EVENTS (200 persons or more) notify Principal Supervisor and Superintendent.</b>						
Approval of Superintendent					Date	
Comments:						