

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 _____

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):

<input type="checkbox"/> Auditorium	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Outdoor Area	<input type="checkbox"/> Baseball Diamond # _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Meeting Room	<input type="checkbox"/> Utility Hookup	<input type="checkbox"/> Picnic Area # _____	<input type="checkbox"/> Field # _____

10. Is this a Fundraiser? ☐ Yes ☐ No Refreshments? ☐ Yes ☐ No Canopies/Tents? ☐ Yes ☐ No11. 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 _____

Revised: November 4, 2015

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 : ☐ Yes ☐ No Multiple days used, activity involves risk, or large event/number of people. CAO # / Insurance verification
Top of front page

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) = \$

☐ No. Staff Needed x # of hours requested = Total Staff Hrs x Hourly Rate \$ = \$

☐ 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: