# COUNTY OF EL DORADO
## CHIEF ADMINISTRATIVE OFFICE – PARKS DIVISION

330 Fair Lane, Bldg A
Placerville, CA 95667
Phone (530) 621-5360
FAX (530) 642-0301

## APPLICATION FOR PARK FACILITY RENTAL

| (Choose one) Park | (Choose one) Facility | Event Date: | | |
|---|---|---|---|---|
| **APPLICANT** | | **ORGANIZATION** | | |
| Name: | | Organization: | | Contact: |
| Address: | | Address: | | |
| City: | State: | Zip: | City: | State: | Zip: |
| Phone: | Email: | | Phone: | Email: | |
| Planned Activity: | | Estimated Daily Attendance: | | Fee Charged: |
| **For Leagues only:** | | | | |
| Season Start Date: | End Date: | Start Time: | | End Time |

## Application must include:

☐ Application Fee $20

☐ Certificate of Insurance and Additional Insured Endorsement **or** Special Event Insurance Certificate, which can be purchased through County Risk Management Office (530) 621-6544

☐ Refundable Deposit

☐ Rental Fees (Parking fees are not included at Henningsen Lotus Park and must be paid upon entering the park)

☐ Written Outline of Activity (for multi-day events or groups greater than 50)

## Agreement to Hold Harmless:

Permittee agrees to indemnify the County, its officers, agents and employees and hold them harmless from and against all loss, damage, expenses and liability resulting from injury to or death of any person and loss of or damage to property or claims of such injury, death, loss or damage, and arising out of or connected with the use of the permitted facilities by permittee. In addition, permittee waives all claims or causes of action against the County, its officers, agents or employees for damage to or loss of property of any kind or for injury to persons occurring in or upon the permitted facilities arising from any cause other than the negligence or willful misconduct of the County, its officers, agents or upon the permitted facilities arising from any cause other than the negligence or willful misconduct of the County, its officers, agents or employees and to which the permittee or his agent in no way contributed, either actively or passively, causing such damage, loss or injury.

| Applicant Signature | Date |
|---|---|
| Print Name | Title |
| **Upon Approval**, Refundable Deposit to be returned to: | ☐ Applicant     ☐ Organization |

**Office Use**

| Approved | Denied (Provide Reason): | Date Approved: | Approved/Denied By: |
|---|---|---|---|
| Fee Paid ($): | | Deposit Paid ($): | Invoice No. |
| | | | |
| Approved | Denied/Partial (Provide Reason): | Approved/Denied By: | Refund Amount ($): | Date to Fiscal: |

Rev. 05/19/16