

FACILITY USE APPLICATION

Lincoln Parks and Recreation

Applicant's Name _____

If representing an organization/agency, position held _____

Name of organization/agency _____

Phone (Day) _____ (Evening) _____

Mailing Address _____ Zip _____

Home Address _____ Zip _____

Facility requested _____ Attendance Estimate _____

Brief description of activity planned _____

Specific area within facility requested _____

Specific equipment within facility requested _____

Please complete

(YOUR RENTAL TIME MUST INCLUDE TIME TO SET-UP/CLEAN-UP)

Please allow at least 30 minutes for clean up.

Date	From	To	
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_____	_____	_____	
_____	_____	_____	

Office Use Only

Hourly Rate \$ _____

of Hours _____

Total Fee \$ _____

Comments:

Payment: _____

If you are in the facility after your rental time, you will be considered trespassing and Lincoln Police will be contacted.

I HAVE READ AND AGREE TO THE REQUIREMENTS SET FORTH IN THE APPROPRIATE RENTAL AND/OR USE REGULATIONS. Initial _____

Beginning Jan. 1, 2009 Damage/Cleaning deposit is \$250.00 (cash or check).

A minimum of 4 hours of use for Auld is required. The fee is \$200.00 for 4 hours. \$50.00 per each additional hour. Band shell fee is \$100.00 for up to 4 hours.

Indemnification:

To the fullest extent permitted by law, the Permittee shall indemnify and Hold Harmless the City, its' officers, agents and employees from and against claims, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from performance of this agreement, that results in any Claim for damage whatsoever, including without limitation, any bodily injury, sickness, disease, death, or any injury to or destruction of tangible or intangible property, including any loss of use resulting therefrom that is caused in whole or in part by Permittee or anyone directly or indirectly employed by Permittee, or anyone for whose acts any of them may be liable. This section shall not require Permittee to indemnify or Hold Harmless the City for any losses, Claims, damages, and expenses arising out of or resulting from the sole negligence of the City.

Applicant's Signature _____ Date _____

(person responsible for facility use)

Facility Manager _____ Date _____