



Leon Rose Baseball Field Use Permit Application



This application is provided to assist groups requesting Leon Rose Baseball Field facilities use for events. This application as signed by GCSO constitutes a "Use Permit". A copy of District Ordinance 4-10 Section 800 regarding Park System Policies and Appendix 800-A, the Schedule of Fees for Parks Department Facilities is attached. All forms must be completed in full and submitted for approval. Upon approval, proof of liability insurance will be required.

NAME OF EVENT: _____

SPONSOR OF EVENT: _____

DATE/TIME OF EVENT: _____

(If multiple dates and times are planned, please attach schedule)

APPLICANT'S NAME: _____

ADDRESS: _____

PHONE: _____

PURPOSE OF EVENT AND BENEFICIARY OF FUNDS RAISED

SIZE OF GROUP/NUMBER OF TEAMS:

ALCOHOLIC BEVERAGES SERVED? YES _____ NO _____

ALCOHOLIC BEVERAGES SOLD? YES _____ NO _____

SERVICES AND FACILITIES NEEDED:

ELECTRICITY _____

SCOREBOARD _____

BALLFIELD LIGHTS _____

CONCESSION STAND _____

OTHER _____

WHAT CLEAN-UP ARRANGEMENTS WILL BE MADE?

WHAT LEVEL OF COMBINED PUBLIC LIABILITY AND PROPERTY DAMAGE INSURANCE IS
PLANNED? _____

WHAT LEVEL OF LIQUOR LIABILITY IS PLANNED? (If applicable) _____

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18966 Ferretti Road P.O. Box 350 Groveland, CA 95321-0350

Statement of Insurance Liability

GCSD maintains liability coverage to protect the District from liability claims brought by persons against the District. This coverage does not protect individuals or groups using the Leon Rose Baseball Field or Recreation facilities. It is the responsibility of sponsors or facility users to obtain adequate insurance coverage for protection against any potential claims arising out of their use of the District's facilities.

General

The applicant understands that use of the District's facilities for special events is a privilege and conditions of an issued "Use Permit" must be honored.

Certification

I have read Ordinance 4-10 and the statements above. I understand the insurance provisions and will comply with the Ordinance.

Date: _____

Signature: _____
(Signature of Sponsor/ Applicant)

Print Name: _____

Date: _____

Signature: _____
(Signature of General Manager or District Secretary)



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Assumption of Risk Release

Waiver

As consideration for being permitted by

the _____ [sponsoring organization(s)], and the Groveland Community Services District in which the

_____ [event] is contested/presented, hereinafter collectively referred to as "Sponsors and/or Promoters", to participate in

the _____ [event], I agree that I, my assignees, heirs, distributees, guardians and legal representatives will not make a claim against, sue or attach the property of the Sponsors/Promoters for any and all injuries or damage arising from my participation in

_____ [event] and resulting from the negligence or other acts, however caused, of any employee, agent or contractor of the Sponsors/Promoters. I hereby release the Sponsors/Promoters from all actions, claims or demands that I, my assignees, heirs, distributees, guardians and legal representatives now have or may hereafter have for injury or

damage resulting from my participation in _____ [event].

ASSUMPTION OF RISK

I am aware that participating in the _____ [event] is a strenuous and potentially dangerous activity, have knowledge of the risks involved and hereby agree to accept any and all risk of injury or death. I represent and certify that I am physically fit and have sufficiently trained for competition or participation in this event.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE SPONSORS/PROMOTORS AND I SIGN IT OF MY OWN FREE WILL.

Signature of Participant

Date

Date of Birth