

# APPLICATION FOR USE OF CITY ATHLETIC FACILITIES



Athletics Office: 541-682-5409  
Athletics Fax: 541-682-5367

Facility Requested \_\_\_\_\_

Date(s) of Use (attach schedule if needed) \_\_\_\_\_

Time of Use (including set-up and take-down): from \_\_\_\_\_ to \_\_\_\_\_

Type of Event/Activity \_\_\_\_\_

Applicant/Contact Person \_\_\_\_\_ Phone: \_\_\_\_\_  
(h) \_\_\_\_\_ (w) \_\_\_\_\_

Applicant's Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Applicant's Email Address \_\_\_\_\_

**Activity Information:**

1. Participants: Adults \_\_\_\_\_ Youth \_\_\_\_\_
2. Is this activity open to the public? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Is this a Eugene 4J or Bethel 52 School District activity? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Estimated Attendance \_\_\_\_\_
5. Sponsoring Organization \_\_\_\_\_  
Representative Name \_\_\_\_\_
- Phone \_\_\_\_\_
- Address \_\_\_\_\_
- City/Zip \_\_\_\_\_

**Regulations and Policies:**

1. Applications must be submitted with a \$50.00 deposit.
2. Reservations will not be made more than five (5) months in advance and will not be confirmed until the deposit is paid. The City reserves the right to cancel reservation if field conditions warrant.
3. The deposit will be returned under the following conditions:
  - a. Cancellation by applicant occurs more than three (3) weeks in advance.
  - b. The facility is left in good condition and is left undamaged.
  - c. Cancellation occurs due to actions of the City.
4. The applicant is responsible for set-up, clean-up, and any damages to the facilities resulting from its use of the facility. City will bill applicant for damages or losses in excess of the deposit.
5. The LRCS staff reserves the right to monitor the event at any time for compliance with the regulations, policies and terms of this application.
6. The rental fee must be paid in full at least three (3) days prior to the event/activity.

**Release From Liability Agreement**

I certify that the above statements are true to the best of my knowledge and that I agree to be bound by the above regulations and policies. I understand that violation of any of these regulations and policies may result in the immediate termination of the event, forfeiture of deposit, legal responsibility for damages in excess of the deposit, and will jeopardize future use of the facility.

I shall indemnify and hold City, its officers, agents, and employees harmless from any and all claims, actions, liabilities, costs, including attorney fees and other costs of defense, arising out of or related to the activities of myself and the other participants during our use of the facility under this application.

When required for large events, I shall also provide evidence of general liability insurance with limits of no less than \$500,000 combined single limit for bodily injury and property damage. Required coverage will be primary to the City's insurance. The City will also be named as an additional insured.

I agree that, during the use of the athletic facility, I will not exclude anyone from participation in, deny anyone the benefits of, or otherwise subject anyone to discrimination because of the person's race, color, national origin, age or disability.

I understand that the City is not a sponsor of this activity, nor will it provide any supervision of the activity.

I further understand that the City makes no warranties or guarantees as to the condition of the facilities or equipment covered by this application and that I and the other participants will be using the facilities at our own risk.

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

\*\*\*\*\*FOR DEPARTMENT USE ONLY\*\*\*\*\*

Application Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Amount      Date Pd.      Int      Refund

Facility Deposit \_\_\_\_\_ Rate Per Hour \$ \_\_\_\_\_

Key Deposit \_\_\_\_\_

Number of Hours \_\_\_\_\_

Facility Charge \_\_\_\_\_

NOTES:

Lights \_\_\_\_\_

Proof of Insurance Provided: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_