



NOVATO PARKS, RECREATION AND COMMUNITY SERVICES

Margaret Todd Senior Center 1560 Hill Road Novato, CA 94947 Monday – Friday, 9AM-5PM 415-899-8290 ♦ 415-897-0239 Fax	Novato Gymnastics Center 950 Seventh Street Novato, CA 94945 Monday-Friday, 9AM-4:30PM 415-899-8279 ♦ 415-897-6395 Fax
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APPLICATION FOR USE OF A CITY FACILITY
(Please complete 1-16)

- Name of Applicant _____ **Park/Area** _____
- Organization: _____ 3. Tax ID# (if non-profit) _____
- Phone: Work (____) _____ Home: (____) _____ Fax: (____) _____
- Address: _____ City/State/Zip: _____
- Type of Event:** _____ Electricity Needed: Yes ___ No ___ 7. # of Attendees _____
- Contact Person Prior to Event: _____ Phone (____) _____
- Contact Person During Event: _____ Phone (____) _____

E-mail address _____

9.

Event Date(s) or attach schedule	Day of Week	Event Time	Additional Needs/Requests
	M T W Th F Sat Sun	_____ to _____	
	M T W Th F Sat Sun	_____ to _____	

10. Please check if the event will involve any of the following:

<input type="checkbox"/> Open to the Public	<input type="checkbox"/> Amplified Sound	<input type="checkbox"/> Inflatable Jump House or other large displays/equipment?
<input type="checkbox"/> Event/Entry Fee charged	<input type="checkbox"/> Live Music	Equipment type: _____
<input type="checkbox"/> 150 or more people	<input type="checkbox"/> Athletic Game(s)/Practice(s)	Company Name: _____

- I have read the PRCS Use Policy for this facility and my event(s) **does not include** any of the Appendix A activities or events.
 I have read the PRCS Use Policy for this facility and my event(s) **does include** the following Appendix A activities or event.
Activity(ies) or event(s) are: _____
- (Yes/No) Food or beverages will be: _____ served _____ sold/bartered
 (Yes/No) Alcohol will be: _____ served _____ sold/bartered
- a) I understand that proof of insurance is required for any event where there are more than 150 participants at the event(s) and/or the event(s) involves any of the activities or events listed in PRCS Appendix A. **Please initial** _____
b) I understand that smoking is not permitted at any time in any City of Novato park, recreational area, or building, and I will be responsible for informing the participants of that policy. **Please initial** _____
c) I understand that a Temporary Food Facility Permit is required if the event is more than one day and food will be served or sold. **Please initial** _____
- Notice to Applicant:** A permit denial, permit condition, refusal to waive the application deadline, fees, or insurance requirements can be appealed within five (5) days thereof by filing an appeal with the City Clerk stating the grounds for appeal. (Section 10-12 of Novato Ordinance Code.)
- Hold Harmless, Responsibility:** I understand that I shall be held responsible for any and all loss, accidents, injury or damage to persons or property which result from this activity. I, the undersigned applicant, agree to the fullest extent permitted by law and regardless of the City's passive negligence to **RELEASE, INDEMNIFY, HOLD HARMLESS and DEFEND** the City of Novato, City of Novato Successor Agency to the dissolved Novato Redevelopment Agency, City of Novato Public Finance Authority, and their respective officials, officers, agents, employees, and volunteers ("indemnitees") from and against any and all claims, demands, losses, damages, failure to comply with any current or prospective laws, defense costs or liability of any kind or nature (including attorney fees and expert witness fees) which indemnitees may sustain or incur or which may be imposed upon them for injuries to or death of persons, or damage or injury to property as a result of, arising out of, or in any manner connected with this activity.

Signature of Applicant or Representative _____ Date: _____

Print Name of Applicant or Representative _____

16. Credit Card Number: _____ Expiration Date: _____ Check # _____ (Visa, MasterCard, American Express or Discover – circle one)
Cardholder's Name: _____ Card Security Code: _____

Date Received: _____ By: _____