

Proposed Use: _____

Estimated Attendance: _____

Is This a Private Event? Yes No

Is this Event Open to the General Public? Yes No

Will this event be advertised? Yes No ✓ IF YES, CHECK BOX PROVIDED

Newspaper

Television

Radio

Flyers

Banners

Other _____

IMPORTANT NOTICE: ALL ADVERTIZED EVENTS THAT TAKE PLACE ON PARKS & RECREATION MANAGED PROPERTIES MUST CLEARLY DENOTE THE NAME OF THE SPONSORING ORGANIZATION ON ANY AND ALL ADVERTIZEMETNS, AND SUCH ADVERTIZEMENTS SHALL CONFORM TO ALL CITY ORDINANCES/PARK RULES WHERE APPLICABLE (SUCH AS BANNER AND ZONING POLICIES).

Please Describe Your Activity in the Space Provided Below (Attach Additional Sheets as Necessary):

Have you received (and read) a copy of Park Rules? Yes _____ ✓ PLEASE INITIAL NEXT TO BOX

Have you received (and read) a copy of the Shelter Use Policy? Yes _____ ✓ PLEASE INITIAL NEXT TO BOX

Copy of Certificate of Insurance (COI) Attached for Activity/Event Sponsor?

Copy of Certificate of Insurance (COI) Attached for Support Services? ✓ IF NECESSARY

Name of Support Service Companies/organizations Required to Attach COI (Attach Additional Information as Necessary)

NAME	ADDRESS	PHONE NO.	TYPE OF ORGANIZATIN
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Types of Support Service Organization/Companies (examples): Food Service (Caterer, Etc.), Rental (Tables, Tents, Portable Restrooms Units, Etc.), Amusement Device (Rides, Inflatables, Etc.), Entertainment (Music, Magician, Pony rides, Etc.)

PLEASE READ:

The person or persons to whom this permit is issued shall be responsible for any and all damage to Park and City property and shall assume the defense of and indemnify and save harmless the City, its employees, and officers from and against any and all claims, liabilities, judgements, costs, causes of action, damages and expenses whether in law or equity or otherwise, and shall pay all attorney's fees, court costs and other costs incurred in defending such claims, which may accrue against, be charged to, be recovered from or sought to be recovered from the City, its employees and officers for reason of damage to property, personal injury or death of any person rising from the applicant's use of the City Park or other City Facilities. The Director, with the concurrence of the City Attorney, may require such public liability insurance as he/she deems to be necessary to protect the interest of the City.

All requests for refunds or changes to approved permits must be received 10 days in advance of the reservation date. A \$10.00 handling fee will be assessed for providing changes or refunds.

I have read and understand the above statements. My signature below indicates I agree to the terms listed.

SIGNATURE OF APPLICANT

DATE

The Lynchburg Parks and Recreation Department complies with the Americans with Disabilities Act for qualified individuals. If reasonable accommodation is needed, please tell us upon registering and at least ten day prior to the event.

FOR OFFICIAL USE ONLY:

Permit Granted Permit Denied ✓ IF NO, PLEASE EXPLAIN

SIGNATURE OF PARKS MANAGER OR REPRESENTATIVE

DATE

Comments/Conditions:

Amount Received: \$ _____

Mandatory Copies to:

Facilities Supervisor Parks Manager Park Operations Coordinator

Courtesy Copies to:

Police Fire Department Risk Manager Other _____

-----POST-EVENT COMMENTS-----

Permit No.	_____
Applicant:	_____
Event:	_____
Event Site:	_____
Event Date:	_____

NAME AND TIELE

DATE

PLEASE RETURN COMMENTS TO THE PARKS AND RECREATION DEPARTMENT, ATTENTION OF THE PARKS MANAGER. WE WILL USE THESE COMMENTS WHEN EVALUATING FUTURE APPLICATIONS AND POLICY REGARDING APPROPRIATE PARKE USE.