<b>APPLICATION &amp; PERMIT</b>
FOR PARK PAVILION
RESERVATION

For Internal Use Only Last Name:

Date of Event:

Deposit #:

405 Urban St.,	Suite 310,	Lakewood,	CO 8022	28
	720-213-	-6621		

Applicant Name:				
Applicant Address:			State:	Zip:
Daytime Phone #: ( )	Alt./Cell: (			
Email:	C	ontact Person On-Site:		
Date Requested:	Pu	rpose of Rental:		
Event Time: Froma	m/pm To	am/pm (rentals available Monday-	Sunday during day	light, up to 4 hours.)
Area	Residents	Non-Residents	Deposit	:
Community Park Pavilion	\$75	\$125	\$250	
Trussville Street Park Shade Structure	\$75	\$125	\$250	
Picnic Table (no shade structure, open tables)	\$0	\$0	\$50	

\*Reservation of sports field must be arranged separately by contacting the Authority Manager at 720-213-6621.

## Required to be submitted with application:

Completed Application

Rental Fee – Check made payable to Powhaton Community Authority

Damage Deposit – Separate check made payable to Powhaton Community Authority

APPLICANT HAS RECEIVED, READ, AND AGREES TO ABIDE BY THE POWHATON COMMUNITY AUTHORITY PARK RESERVATION AND PERMIT POLICY (PROVIDED TO APPLICANT) \_\_\_\_\_(Initial)

**INDEMNIFICATION/WAIVER OF LIABILITY:** Applicant, its successors and assigns, assumes all liability and risk associated with use of Authority facilities and hereby releases and agrees to indemnify, defend, and holds harmless the Powhaton Community Authority (the "Authority"), the Authority's directors, staff, employees, consultants, licensees, invitees, agents, successors, and assigns from any and all injuries, loss, claims, liability, damages, and costs, including court costs and attorneys' fees, arising in any way out of the use of Authority facilities by the Applicant, its guests, licensees, invitees, agents, subcontractors, employees, successors, and/or assigns.

**INSURANCE REQUIREMENTS FOR BUSINESS ENTITIES AND VENDORS:** Applicant shall, at its own expense, obtain and maintain during the term of this agreement, General Liability Insurance with a limit of \$2,000,000 per occurrence and a \$4,000,000 general aggregate limit. Applicant will provide a certificate of insurance including Powhaton Community Authority as an Additional Insured.

Si	gn	at	tu	re	:

Date:

## Signature implies legal responsibility for compliance with all the conditions as outlined by the Authority.

For Internal Use Only			
Rental Application, Rental Fee & Deposit Received By:Date:Date:	Fee Pd. \$Check #		
Special Instructions:	Deposit Pd. \$Check #		
	Total Pd. \$		
	Date Damage Deposit Returned		