



# Facility Use Application

## APPLICANT INFORMATION

Name: \_\_\_\_\_ (must be 18 years of age or older)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of group: (if applicable) \_\_\_\_\_

Non- Profit Yes \_\_\_\_\_ No \_\_\_\_\_ Documentation \_\_\_\_\_

Drivers License Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

## ACTIVITY INFORMATION

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

Date Requested: \_\_\_\_\_

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

Event Time: From: \_\_\_\_\_ To: \_\_\_\_\_ **Attach Event Schedule, including dates and times, if applicable.**

Estimated number of participants: \_\_\_\_\_ Estimated number of vehicles: \_\_\_\_\_

Will you serve food? \_\_\_\_\_ Will you play music? \_\_\_\_\_

Noise must comply with ordinance 283-92 17.02

**Security Deposit:** **\$150 refundable deposit to be returned upon walk through inspection for damage or cleaning.** Paid \_\_\_\_\_

Is this event a fundraiser? \_\_\_\_\_ If yes, for which organization and what will the funds support? \_\_\_\_\_

Do you have any special requirements? (set-up, tear down, security, media): \_\_\_\_\_

PAYMENTS AND RESERVATIONS

This form accompanied by applicable fees and appropriate insurance, waivers, and permits, must be signed by the applicant and approved by City Staff before a reservation or facility can be approved. Application and fees must be received 14 days prior to requested use. Payment may be made in the form of cash, money order, or check. Made payable to: City of Archer.

**RELEASE OF LIABILITY  
INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

That undersigned, as agent and representative of \_\_\_\_\_, Hereinafter "Signor" with full power and authority, at all times, will indemnify and hold harmless the City of Archer "City" from all losses, damage, liabilities and expenses which may arise or be claimed against City and be in favor of any person, firm or corporation for any injuries or damages to the person or property of any premises by Signor, including but not limited to any dangerous, hazardous, unsafe, or defective condition, personal property, equipment, appliances, public and private ways and other areas of, in or on the City's premises of any nature whatsoever, by whomsoever caused, or consequent upon or arising from any acts, omissions, neglect or fault of Signor (its agents, servants, employees, licensees, customers or invitees), or consequent upon or arising from Signor's failure to comply with any governmental laws, statutes, ordinances, rules or regulations;

That the taking of possession of the City property by Signor shall be and is conclusive evidence that the City property and all improvements are in all respects in good and satisfactory condition and acceptable to Signor.

That City shall not be liable to Signor for, and Signor hereby, for itself and its servants, agents, invitees, licensees and permits, fully releases and discharges and acquits City and City's successors and assigns of and from, any and all claims and actions for any damages, losses or injuries of any nature whatsoever to person or property in any way or in any fashion arising from, connected with or resulting from the use of the City's property, including but not limited to any dangerous, hazardous, unsafe or defective condition, personal property, equipment, appliances, public and private ways and other areas of, in or on the City's property of any nature whatsoever, or of any failure to comply with any governmental laws, statutes, ordinances, rules or regulations, whether caused by the acts, neglect, omissions or faults of City, its agents, servants or employees, or of any person, firm or corporation.

\_\_\_\_\_  
(Signature of Representative/Agent)

\_\_\_\_\_  
Date

**DEPARTMENT USE ONLY**

Key Deposit: \_\_\_\_\_ Date Received: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Rental Fee: \_\_\_\_\_ Date Received: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Electric Deposit: \_\_\_\_\_ Date Received: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
City Representative Approval

\_\_\_\_\_  
Date