APPLICATION FOR PARK USE

TYPE OR PRINT ALL INFORMATION

City of Chula Vista
RECREATION DEPARTMENT
276 Fourth Avenue, Building C
Chula Vista, CA 91910
(619) 409-5979
www.chulavistaca.gov/rec

APPLICATION INFORMATION	**Non-Profit** ❑ yes ❑ no	**501c3 Attached** ❑ yes ❑ no

Organization Name: _____ Phone Number #1 :_____

Applicant Name: _____ Phone Number #2: _____

Email address: _____ Date of Birth: _____

Mailing address: _____

_____

FACILITY, FIELD, OR AREA REQUESTED:

PERIOD OF USE: ❑ one time only ❑ weekly ❑ monthly ❑ other DATES OF USE:

DAYS OF USE:	❑ MON	❑ TUES	❑ WED	❑ THURS	❑ FRI	❑ SAT	❑ SUN
Times in Use:							

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PERIOD OF USE: ❑ one time only ❑ weekly ❑ monthly ❑ other DATES OF USE:

DAYS OF USE:	❑ MON	❑ TUES	❑ WED	❑ THURS	❑ FRI	❑ SAT	❑ SUN
Times in Use:							

PURPOSE OF MEETING / RENTAL:

Equipment You Will Be Bringing:

Expected Attendance: ❑ adult group 18 & over ❑ youth group 17 & under

Will fees be charged or solicitation of funds be associated with this activity or use? ❑ yes ❑ no

If yes, for what purpose?

LIABILITY INSURANCE Required for Organizations and Companies **Required** ☐ yes ☐ no **Expires:**

GAZEBO RENTAL QUESTIONS		**CITY USE ONLY**
A vendor permit is required per service and will be permitted in select park areas only. All Vendor companies, aside from food vendors, must be on the Approved Vendor List (See Park Rules and Regulations). Total number of vendors _____		❑
If you are using one of our PRE-APPROVED vendors, what is the name of the vendor(s)? Name of Pre-Approved vendors_____		❑ yes ❑ no
If you are using a food vendor, what is the name of the vendor(s)? Name of Food Vendors _____		❑ yes ❑ no

Applicant declares all information submitted on this application is true and accurate. Changes could result in denial or revocation of permit. On behalf of the above organizations(s) and all members thereof, applicant agrees to abide by all policies, procedures and instructions set forth or provided by the City of Chula Vista, its staff, officers and designated agents; and will also comply with all relevant local, state and federal regulations.

_____ _____

Applicant's Signature Date

WAIVER AND RELEASE OF LIABILITY

City of Chula Vista
RECREATION DEPARTMENT
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PRIVATE EVENT/ORGANIZATION/GROUP NAME

EVENT DATE

ON BEHALF OF THE ABOVE PRIVATE EVENT/ORGANIZATION/GROUP, I expressly **WAIVE, RELEASE** and **DISCHARGE** the City of Chula Vista, its officers, agents, and employees or any other person from any and all LIABILITY for any death, disability, personal injury, property damage, property theft or actions, including any alleged or actual negligent act or omissions, regardless of whether such act or omission is active or passive which may accrue to myself or members of my organization/group or our heirs in connection with our participation in the above-described event. I fully understand and acknowledge that the CITY OF CHULA VISTA is relying on my representation that I have authorization to sign this document and that I will provide all members of my group a completed copy of this Waiver prior to our participation.

I expressly **INDEMNIFY AND HOLD HARMLESS** the City of Chula Vista, its elected and appointed officials, officers, agents and employees from any and all liabilities or claims made by me or my organization/group, my/our heirs and any other individuals or entities as a result of, or in anyway related to, or arising from, the event identified herein, any of my/our actions in connection with my/our participation in this event except for those claims arising from the sole negligence or sole willful conduct of the City, its officials, officers, employees, volunteers or other representatives. Such indemnification includes liability settlements, damage awards, costs and attorney fees associated with any such claims.

I hereby certify that I have read this document, understand its content, and am authorized to sign this document on behalf of all members of the group I represent.

SIGNATURE

DATE

PRINT NAME

PHONE NUMBER

EMAIL ADDRESS

Return completed Application for Field/Court/Gazebo/Picnic Area Use, plus any additional attachments & information to: Berenice Mora at bmora@chulavistaca.gov ● Tel: 619-409-5892

Forms must be submitted and reviewed at least 7 days prior to event start date. Incomplete forms will not be processed.