

Group Picnic Areas & Picnic Area Park Use Application

Mailing Address: PO Box 418114, Sacramento, CA 95841-8114 Physical Address: 4855 Hamilton St. Sacramento, CA 95841

Phone 916-482-8377 FAX 916-483-1320

Please complete the following and return to the Arcade Recreation and Park District. Completion of this form does not guarantee that your request will be granted. If the facility is available, the complete deposit must be submitted to reserve the date.

PLEASE NOTE: No alcohol *OF ANY KIND* is allowed in the park. You are responsible for any substances that your guests bring to the park site.

Organization Name if	f applicable:							
Responsible Person		Alternate Responsib	Alternate Responsible Person					
Address	Day Phone	Address	Da	ay Phone				
City, Zip	Evening Phor	ne City, Zip	Ev	Evening Phone				
Cell Phone	<u> </u>	Cell Phone						
Email		Email						
Res	ponsible Person or Al	ternate MUST be on site	at opening and o	losing times]				
		GENERAL INFORMATIO	N					
Facility Requested:		8. Will the event be of	8. Will the event be catered?					
2. Date(s) Requested:		9. Will you have live	9. Will you have live music or DJ?					
3. Purpose of Activity:		10. Is the event oper	10. Is the event open to the public?					
4. Event Hours (include	e set up and clean up):	11. Will Admission fe	11. Will Admission fees be charged?					
Time:	to	12. Will contributions	12. Will contributions be solicited?					
5. Time Guests Arrive:		15. Will items be offe	15. Will items be offered for sale?					
6. Estimated Attendance	ce:	16. Will food be sold	16. Will food be sold?					
7. Specific Equipment t	to be brought on site:							
		For questions 11-15	For questions 11-15, describe purpose for proceeds					
	Subject to review]	Non Profit - Must show it	dentification	Private Party				
Group Picnic Area		\$120.00		\$120.00				
	Rental Fee							
· · · · · · · · · · · · · · · · · · ·	c Area (GPA)	\$50.00 / 8 hour o	•	\$100.00/ 8 hour day				
	Picnic Area	\$5.00 per hou	r	\$10.00 per hour				
Weddi	ng Area	N/A	N/A \$10.00 per hour					

Proof of insurance required for all rentals contracting for inflatables (ie: bounce houses, etc).

Use of water play apperatices NOT allowed.

Please complete the second page of this application

INDEMNITY AND HOLD HARMLESS CLAUSE

INDEMNIFICATION

The (USER/RENTER) shall indemnify, defend, and hold harmless Arcade Creek Recreation & Park District, its officers, employees, and agents from any and all losses, costs, expenses, claims, liabilities, actions, or damages, including liability for injuries to any person or persons or damage to property arising at any time out of or in any way related to the (USER/RENTER)'s use or occupancy of a facility or property controlled by the Arcade Creek Recreation & Park District, unless solely caused by the gross negligence or willful misconduct of Arcade Creek Recreation & Park District,, its officers, employees, or agents.

(User/Renter) will further pay any and all costs and expenses, including but not limited to court costs and reasonable attorney's fees, incurred bye (User/Renter) on account of any such claims, demands or liabilities.

Force Majeure Events: Notwithstanding anything to the contrary contained in this agreement, the Arcade Creek Recreation & Park District, shall be excused from its obligations under this agreement to the extent and whenever it shall be prevented from the performance of such obligations by any Force Majeure Event. For purposes of this agreement, a "Force Majeure Event" includes but is not limited to fires, floods, earthquakes, pandemic, epidemic, civil disturbances, acts of terrorism, regulation of any public authority, and other causes beyond their control. The (USER/RENTER) waives any right of recovery against Arcade Creek Recreation & Park District, and the (USER/RENTER) shall not charge results of "acts of God" to Arcade Creek Recreation & Park District, its officers, employees, or agents.

I have read and fully understand the Arcade Creek Recreation and Park District Facility Use Regulations and agree that my event will follow these regulations and guidelines. I further understand that failure to follow these regulations and guidelines can result in loss of my deposit and shut down of my event. In the event of a complete shut down, I will be responsible for any costs associated and my fees and deposit are forfeited.

								Initial		
Responsible	Person					Date				
Signature										
Address										
	City					Zip				
Day Phone							Cell Phone			
Email			_							
			Fo	r office use	only					
Deposit Paid		Date			Non-profit	Y	N	Insurance Y N Required for Inflatables		
Rental Fees P	Paid	Date			Standing greement	Υ	N	Security Y N		
Deposit Proce Return to Ren		Date			Deposit Amt Kept					
Notes:		_								
Approved By								Permit #		
Date of								_		