

## Building Facility 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.**

**Organization Name if applicable:**

Applicant Name	Alternate Contact Person
Address	Address
City <span style="float: right;">Zip</span>	City <span style="float: right;">Zip</span>
Cell Phone	Cell Phone
Other Phone	Other Phone
Email	Email

**Either the Applicant or Designated Alternate(s) MUST be on site through out the event.**

### GENERAL INFORMATION

1. Purpose of Activity:	Is this a Fund Raiser? <span style="float: right;">Yes    No</span>	
2. Facility Requested:	Name of Organization:	
<input type="checkbox"/> Maple (Large) Room Capacity 120 Seated <input type="checkbox"/> Oak (Small) Room Capacity 50 Seated		
<input type="checkbox"/> Oakdale Gym Capacity 200 <input type="checkbox"/> Other	a. Is the event open to the public?	Yes    No
3. Date(s) Requested:	b. Will Admission fees be charged?	Yes    No
4. Rental Hours (include set up and clean up): _____ to _____	c. Will contributions be solicited?	Yes    No
5. Rental Start Time	d. Will items be offered for sale?	Yes    No
6. Estimated Attendance:	e.	
7. Will you have DJ, Live music or Other? <span style="float: right;">Yes    No</span>	<b>For questions a - e, describe purpose for the proceeds</b>	
Name		
Contact Phone #		
8. Will the event be catered? <span style="float: right;">Yes    No</span>		
Name		
Contact Phone #		
9. Will alcohol be served? <span style="float: right;">Yes    No</span>	10. Is there any Specific/Special Equipment being used?	
If yes, what type and amount	If <b>yes</b> , describe:	
<b>(Note: Kegs are not allowed)</b>		

**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 by (**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 &**

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 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERMITTEE OR AUTHORIZED GROUP REPRESENTATIVE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

Description	Non Profit	Private Party
<b>Rental Deposit</b>		
Margi Herzog Community Center	\$300.00	\$300.00
Oakdale Gym	\$300.00	\$300.00
<b>Facility Rental Fee's</b>		
<b>Margi Herzog Community Centers</b>	<b>Located at</b> Hamilton Street Park	<b>M-Th</b> 8am-5pm
		<b>Friday, Saturday, Sunday</b>
<b>Oak (Small) Room / Capacity 50 Seated</b> <b>Charge is hourly</b>	Non -Profit Private Party	20.00 40.00
		30.00 55.00
<b>Maple (Large) Room / Capacity 120 Seated</b> <b>Charge is hourly</b>	Non -Profit Private Party	30.00 55.00
		40.00 75.00

All fees are paid hourly. Fee's are incurred for all time. Including set up and take down

**For office use only**

Approved By \_\_\_\_\_ Date of Approval \_\_\_\_\_

**Facility Use Regulations turned in with items initialed, signed and dated:**                      Yes      No

Are the following items required?	Evidence of compliance must be provided				
<b>Liquor License</b>	Yes	No	<b>Security</b>	Yes	No
<b>ABC License</b>	Yes	No	<b>Insurance</b>	Yes	No

	Date Paid	Amounts	Pmt Method	Receipt #
Deposit				
Facility Fee				
Other				
Other				

Refund Receipt #