

**CITY OF FLORENCE
PUBLIC PARKS USE PERMIT**

(PURSUANT TO RESOLUTION 4-2012)

Public Park to be used: _____

Date of event: _____ Time of event: _____

Name of event or activity: _____

Description of event or activity:

Agency/Sponsor: _____

Contact Person (please print) _____ Phone: _____

Address: _____ City/Zip: _____

Estimated # persons attending each day: _____

Check type of facility to included with this request: pavilion lawn
 picnic area amphitheater ballfield #1 ballfield #2

Will alcoholic beverages be consumed? YES NO

Name of person(s) providing alcoholic beverages for event:
Name: _____ Address: _____
City: _____ State: _____ Zip _____ Phone# _____

I(we) have read and understand the rules and regulations and ordinances pertaining to the use of the park including payment of fees.

Indemnification:
By signing below, Applicant hereby expressly exempts and releases the City, its officers, employees and insurers from and against all liability, claim, and demands on account of injury, loss or damage, including without limitation, claims arising from property loss or damage, bodily injury, personal injury, sickness, disease, or death that Applicant may incur as a result of such use, whether any liability, claims, and demands result from the act, omission, negligence, or other fault on the part of the City, its officers, employees or from any other cause whatsoever.

Signature of Applicant/responsible party _____
Date

Approved: _____ Denied: _____ Date: _____

Fee Paid: \$ _____ Deposit Paid: \$ _____

Signature of City Agent _____
Date

When alcohol is being consumed, applicant must be in possession of this permit at the event.