



# REQUEST TO USE PARK FACILITY

Return completed request to:

Parks Division, 633 Walnut, Abilene, Texas 79601 or [parksandrec@abilenetx.gov](mailto:parksandrec@abilenetx.gov)



GENERAL USE     WALK/RUN

PARK FACILITY OR AREA REQUESTED: \_\_\_\_\_

DATE/DAYS OF WEEK FACILITY WILL BE USED: \_\_\_\_\_ TIMES REQUESTED: \_\_\_\_\_

ROUTE WITHIN PARK BOUNDARIES:  YES  NO (IF NO, ROUTE MAP REQUIRED)

IS SPONSORING ENTITY A NON-PROFIT?  YES  NO IF YES, TAX ID #: \_\_\_\_\_

NAME OF ORGANIZATION AND PERSON REQUESTING USE OF PARK FACILITY (INDIVIDUAL MUST BE 21 YEARS OF AGE OR OLDER): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

LIST NAME, ADDRESS, EMAIL ADDRESS, AND TELEPHONE NUMBER OF TWO RESPONSIBLE ADULTS WHO WILL BE PRESENT AT FUNCTION (REQUIRED):

NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ARE YOU PROVIDING ANY TYPE OF SECURITY FOR YOUR FUNCTION?  YES  NO

IF YES, WHAT TYPE? \_\_\_\_\_ (ALL SECURITY ARE REQUIRED TO BE LEVEL 3 COMMISSIONED OR COMMISSIONED PEACE OFFICER FOR THE STATE OF TEXAS AND IN UNIFORM ON SITE DURING THE EVENT)

WILL THERE BE A FEE CHARGED FOR THIS FUNCTION?  YES  NO

IF YES: SPECTATOR? \$ \_\_\_\_\_ PARTICIPANT? \$ \_\_\_\_\_ VENDOR? \$ \_\_\_\_\_

(SPECTATOR FEE REQUIRES PARKS BOARD APPROVAL. PLEASE ALLOW 45 DAYS FOR APPROVAL)

IF AVAILABLE AT THE LOCATION, WILL ELECTRICITY BE NEEDED?  YES  NO

(ELECTRICITY FEES ARE \$20.00 PER EVENT. PAYABLE TO THE CITY OF ABILENE)

IF AVAILABLE AT THE LOCATION, WILL LIGHTS BE NEEDED?  YES  NO IF YES, HOW MANY HOURS? \_\_\_\_\_

(LIGHTING COSTS IS \$20.00 AN HOUR, PER FIELD. PAYABLE TO THE CITY OF ABILENE)

WILL ADDITIONAL TRASH DUMPSTERS BE NEEDED?  YES  NO

(IF YES, YOU MUST CONTACT SOLID WASTE SERVICES AT (325) 676-6053.)

WILL YOUR FUNCTION BE PROMOTED TO THE PUBLIC TO ATTEND?  YES  NO

WILL FOOD OR DRINKS BE SERVED?  YES  NO

IF YES, WILL THE FOOD BE PREPARED ON SITE, PRE-PACKAGED, OR CATERED? \_\_\_\_\_  
(IF THE EVENT IS PUBLIC AND FOOD WILL BE PREPARED ON SITE, YOU MUST CONTACT THE ENVIROMENTAL HEALTH DEPARTMENT AT (325) 676-6291 IN ORDER TO OBTAIN A HEALTH PERMIT.)

ARE YOU PLANNING ON SETTING UP VENDOR BOOTHS, TENTS, ETC?  YES  NO

IF YES, WHAT TYPE OF VENDORS AND HOW MANY? \_\_\_\_\_

(VENDORS SELLING FOOD OR MERCHANDISE ARE REQUIRED TO PURCHASE A VENDOR PERMIT; \$30 FOR A ONE-DAY EVENT; \$50 FOR A TWO-DAY EVENT.)

ARE YOU PLANNING TO HAVE A BOUNCE HOUSE OR AIR CASTLE?  YES  NO

(A BOUNCE HOUSE/AIR CASTLE PERMIT IS \$25 PER EVENT. VENDOR MUST BE APPROVED BY THE CITY OF ABILENE. WATER SLIDES ARE NOT PERMITTED)

BRIEFLY DESCRIBE THE FUNCTION, ACTIVITIES PLANNED, AND ANY SPECIAL REQUIREMENTS:

\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, agree to abide by the following policies and guidelines:

The facility will be cleaned and left in the same condition in which it was found. Compliance with all city, state, and federal laws is required. **Smoking, parking on the grass, alcoholic beverages and/or gambling are not allowed in or around any park facility.** Sound levels will be kept to a minimum in order not to disturb other park patrons or the surrounding neighborhood.

The use of amplified sound (voice and/or musical instruments) is permitted on a limited basis. The City reserves the right at any time to require individual(s) reserving the facility to reduce volume levels and/or eliminate all amplified sound as may be considered a nuisance to the adjacent neighborhood.

**The undersigned does indemnify and hold harmless the City of Abilene from and against any and all loss, cost (including statutory liability and liability under workers compensation laws) in connection with claims for damages as a result of injury or death to any person or damage to any property sustained by the individual(s) using the facility or any and all other persons which arise from, or in any manner grow out of, any act or neglect on or about the facility by the individuals using the facility, guests or invitees.**

If required by the Community Services Department I/we will provide Liability Insurance coverage in the amount of five hundred thousand dollars (\$500,000) combined for both bodily injury and property damage on a per occurrence or claims basis, in accordance with the **specifications outlined in Exhibit A.**

The City of Abilene reserves the right to cancel, at any time, any and all events it deems not in the best interest of the City.

The City of Abilene reserves the right to require security for any event it deems necessary and in the best interest of the City.

If security is required, then all security are required to be level 3 commissioned or commissioned peace officer for the State of Texas.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Exhibit A**

Individual(s) renting the facility shall insure the indemnity clause of this Facility Rental Application by obtaining public liability insurance in the amounts set forth below. All insurance policies shall be subject to the examination and approval of the Risk Manager for their adequacy as to form, content, type of protection and insurance company. Lessee shall furnish to the Community Services Department, certificates of insurance or copies of the policies, plainly evidencing the required insurance prior to commencement of activities at the facility. Adequate insurance coverage as defined here shall mean comprehensive general liability insurance covering those activities contemplated by this facility use agreement, with minimum coverage limits as follows:

**TYPE**

Comprehensive General Public Liability: to include (but not limited to) the following:

Premises/ Operation

Independent Contractors

Personal Injury

Products/ Completed Operations

Contractual Liability (Insuring Indemnity Provision within this Agreement) F) Dram Shop (Liquor) Liability (Where Exposure Exists)

**AMOUNT**

Bodily Injury:

\$300,000 per person

\$500,000 per occurrence

Property Damage:

\$300,000 per occurrence **OR** \$500,000 Combined Single Limit for bodily injury and property damage.

**Additional Insurance Requirements:** With respect to the above insurance, the individual(s) renting the facility will have the City of Abilene and \_\_\_\_\_ named as an additional insured; and provide for a Waiver of Subrogation in favor of the City

**ADMINISTRATIVE USE ONLY**

DIRECTOR OF COMMUNITY SERVICES: \_\_\_\_\_ DATE: \_\_\_\_\_

ASSISTANT DIRECTOR OF COMMUNITY SERVICES: \_\_\_\_\_ DATE: \_\_\_\_\_

PARKS DIVISION MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_

RECREATION/SENIOR SERVICES ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

YES  NA LIABILITY INSURANCE CERTIFICATE ATTACHED OR ON FILE.

YES  NA ENVIRONMENTAL HEALTH APPROVAL REQUIRED FOR THIS REQUEST.  
REFERRED TO ENVIRONMENTAL HEALTH. EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

YES  NA PARKS AND RECREATION BOARD APPROVAL WILL BE REQUIRED.  
APPROVED BY THE PARKS AND RECREATION BOARD ON \_\_\_\_\_ 20\_\_\_\_.