



REQUEST TO USE BALLFIELD/ATHLETIC FACILITY

Return completed request to:

Parks Division, 633 Walnut, Abilene, Texas 79601 or parksandrec@abilenetx.gov



PRACTICE NON-LEAGUE PLAY GENERAL USE TOURNAMENT

PARK FACILITY OR AREA REQUESTED: _____

DATE/DAYS OF WEEK FACILITY WILL BE USED(2 DAY MAXIMUM): _____

TIMES REQUESTED(2-HOUR MAXIMUM): _____

REQUEST FOR TOURNAMENT **MUST** BE SUBMITTED BY NON-PROFIT. TAX ID #: _____
(THERE IS A \$25 PARTICIPATION FEE DUE PER TEAM, PER TOURNAMENT)

LIABILITY INSURANCE COVERAGE/PROVIDER: _____

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? _____

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 LIGHTS BE NEEDED? YES NO IF YES, HOW MANY HOURS? _____

(THE LIGHTING FEE IS \$20.00 AN HOUR, PER FIELD. PAYABLE TO THE CITY OF ABILENE. THIS COST **MUST BE PAID UPON APPROVAL OF PERMIT**, ANY UNUSED LIGHTING COST WILL BE REFUNDED ACCORDINGLY)

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.)

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 are not allowed in 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.

In order to secure a monthly standing reservation at a ballfield, a Request to Use Ballfield form must be submitted to the Community Services Department no earlier than 7 days before and no later than the first day of the month you are requesting. For example, if you would like to make a reservation for the month of August, submit the request on any day between July 25 and August 1. All ballfield's day and time slots without a reservation request by the close of business on the first day every month will open on a first come, first serve basis. Multiple months cannot be reserved with one request. Each team may reserve up to two days and four hours per week. On the request, please fill out all required information (team name, coach's name, address, phone number, email address). Once the request has gone through the approval process, a permit with scheduled dates and times will be emailed to the address provided on the request.

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.

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: _____

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____.