

<u>For office use only</u>		
Entered into:	Initials	Date
Reservation calendar	_____	_____
RecTrac	_____	_____



ONLY ORIGINAL FACILITY USE AGREEMENT WILL BE ACCEPTED (Typed or Ink Only)

**Polk County Board of County Commissioners
Infrastructure Management Department
PARKS & NATURAL RESOURCES DIVISION
FACILITY USE AGREEMENT**

1. Park/Facility Requested _____
2. Date(s) Requested _____ Times Requested: Open _____ Closed _____
3. Applicant _____ Phone: Day _____ Evening _____
4. Address _____ City _____ State _____ Zip _____
5. Driver License Number _____ State of Issuance _____ Date of Birth _____
6. Organization Name (Event Sponsor if Applicable) _____
7. Address _____ City _____ State _____ Zip _____ Phone _____
8. Name/Description of Event _____
9. List Planned Activities and Equipment (Explain: amusement rides, animal rides, concessions, parking, tables, chairs, tents, etc.) _____
10. Tax Certificate Number _____ Non-Profit: Yes/No Estimated: Participants _____ Vehicles _____
11. Will donations be requested of attendees? Yes/No (Amount requested) \$ _____
12. Will food, goods or services be sold? Yes/No (If yes, attach itemized cost of goods, services and vendors names, addresses and phone numbers). _____
13. How will event be advertised/promoted upon approval? _____

No Promotions Are To Be Initiated Until Signed Agreement is Approved

**HOLD HARMLESS/INSURANCE AGREEMENT
(SOME EVENTS MAY REQUIRE INSURANCE)**

Applicant agrees to, and will at all times, indemnify, save and hold harmless the Polk County Board of County Commissioners (BoCC), its officers, agents, and employees from all liability, claims, demands, damages and cost of every kind and nature, including attorneys' fees at trial or appellate levels and all court costs arising out of injury to, or death of persons, and damage to any and all property including loss of use thereof, resulting from or in manner arising out of or in connection with activities or use of the mentioned facilities on this contract arising out of its relationship with BoCC, excepting only liability resulting from the negligence of the BoCC. The Applicant will, upon request from the BoCC, defend and satisfy any and all suits arising from its use of the premises.

Applicant will, at own expense, keep in force during the term of this agreement, insurance from an insurance company licensed in the State of Florida and rated "A, Class VIII," or better, by A.M. Best. Required insurance will be evidenced by a certificate of insurance including: Comprehensive Liability Insurance with a minimum limit of one million dollars per occurrence, combined single limit to include: Premises Personal Injury, Operations. POLK COUNTY BOARD OF COUNTY COMMISSIONERS MUST be listed as additional insured party.

CERTIFICATE OF INSURANCE MUST BE SUBMITTED NO LATER THAN SEVEN CALENDAR DAYS PRIOR TO REQUESTED EVENT DATE

Applicant Signature: _____ Date: _____

**Note: Hold Harmless/Insurance Statement must be signed by applicant.
Falsification of information may result in rejection or cancellation of use.**

OFFICE USE ONLY

Amenities Requested: _____ Hrs./_____ Days @ _____ = \$ _____

Lights: Yes/No # of Fields _____ Total Hrs./_____ @ _____ = \$ _____

Staff Assigned: _____ Total Hrs./_____ @ _____ = \$ _____

Cash/Check Number: _____ Sub Total \$ _____

PAYMENT RECEIVED BY: _____ **DATE:** _____ **TIME:** _____ Tax \$ _____
(Initials)

Total Cost \$ _____

Deposit \$ _____
(50% of subtotal)

APPLICATION RECEIVED (Stamp)

BALANCE DUE \$ _____

BALANCE DUE DATE _____

BALANCE RECEIVED \$ _____

Approved _____ Authorization _____ Date _____

Disapproved _____

Certificate of Insurance Required with BoCC listed: **Yes/No** Received: _____ / _____
DATE **TIME**

User: Resident/Non Resident

Comments: _____

**Polk County Board of County Commissioners
Infrastructure Management Department, Parks & Natural Resources Division**

**Polk County Parks & Recreation Section
515 East Boulevard Street
Bartow, Florida 33830
Phone (863) 534-4340 FAX (863) 534-7006**