



Salina Parks and Recreation

300 W. Ash, Rm. #100
Salina, KS 67401
(785) 309-5765

Updated 3.17.21

Facility Use Request

Permit # _____

Person/Organization Making Request:			
Address:		Home Phone:	
Alternate Phone:		E-mail:	
Contact Person During Event:		Phone:	
Date of Birth:		Sponsor of Event:	
Facility Requested:			Event Date:
Time Requested: (include set-up and clean up)	Start Time:	End Time:	Number (Required) of Attendees:

Tell us about your event. Check ALL that apply:

- | | | | | |
|--|---|---|--|-------------------------------------|
| <input type="checkbox"/> Athletic Event | <input type="checkbox"/> Birthday Party | <input type="checkbox"/> Business | <input type="checkbox"/> Carnival | <input type="checkbox"/> Car Show |
| <input type="checkbox"/> Concert | <input type="checkbox"/> Dance | <input type="checkbox"/> Family Reunion | <input type="checkbox"/> Festival | <input type="checkbox"/> Fundraiser |
| <input type="checkbox"/> Meeting | <input type="checkbox"/> Picnic | <input type="checkbox"/> Run/Walk | <input type="checkbox"/> Sale of Merchandise | <input type="checkbox"/> Shower |
| <input type="checkbox"/> Other Please Explain: _____ | | | | |

Do you plan on using any of the following?

Additional charges may apply.

- | | | | | |
|--|--------------------------------------|------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Amplified Sound | <input type="checkbox"/> Barricades | <input type="checkbox"/> Bleachers | <input type="checkbox"/> Dumpster | <input type="checkbox"/> Fencing |
| <input type="checkbox"/> Generator(s) | <input type="checkbox"/> Inflatables | <input type="checkbox"/> Tables | <input type="checkbox"/> Tents | <input type="checkbox"/> Trash Cans |
| <input type="checkbox"/> Street Closure | <input type="checkbox"/> Vendors | <input type="checkbox"/> Chairs | | |
| <input type="checkbox"/> Other Please Explain: _____ | | | | |

INDEMNITY AGREEMENT

Applicant hereby agrees to indemnify, defend and hold harmless the City of Salina ("City"), its agents, representatives, officers, officials, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney fees and court costs) attributable to bodily injury, sickness, disease, death, or injury to, impairment, or destruction of property, including loss of use resulting there from, to the extent that such claims, damages, losses, and expenses relate to, arise out of or during, or are alleged to have resulted from the use or occupancy of the City's facilities, on the date(s) specified herein, by the applicant or applicant's agents, contractors, invitees or guests.

If you need to cancel your reservation, please call the Parks & Recreation office, 785-309-5765, at least two (2) weeks prior to your reservation to receive a full refund of the rental fee. If you cancel within two (2) weeks of your event only 50% of the reservation fee will be refunded. No refund will be offered due to failure to notify us of cancellation or non-use of facility.

I, the undersigned, am at least of 18 years of age and agree upon the conditions set forth in the above indemnity agreement. I understand that the said reservation is not transferrable.

I have read and understand all the rules and regulations governing the use of City park land and/or facilities that are attached to and part of this application, and I agree to comply with all such rules and regulations.

COVID POLICY: Rental facilities will be available from 8 am until 8 pm. Each facility will allow one reservation per day in order to guarantee a clean, safe environment for each event. Per City Ordinance No. 20-11034, masks are required. Facility will be under surveillance. Please do your part in keeping everyone safe - wear a mask and wash your hands frequently. If you are feeling sick or are experiencing COVID related symptoms, stay home and call your doctor.

o Approved **Signature** _____ **Date** _____

o Approved Pending
Special Event

Additional Approval Notes

o Not Approved

METHOD OF PAYMENT

CARD # _____ **Exp. Date** _____ **3-Digit Code (on back)** _____