

## FACILITY USE APPLICATION & PERMIT FORM

*All requests for use of facilities must first be approved by the City at least 48 hours in advance*

**A COPY OF YOUR CERTIFICATE OF INSURANCE MUST ACCOMPANY THIS APPLICATION**

**City of El Mirage - Customer Service - 14406 N Alto St., El Mirage, AZ 85335**

One-time use      Date: \_\_\_\_\_ Day: \_\_\_\_\_

**Date(s)**

**Requested**

Multiple dates use (List each date): \_\_\_\_\_

**Time**

**Requested**

Day:      Su      M      Tu      W      Th      F      Sa  
 Start time: \_\_\_\_\_ a.m.      p.m.      End time: \_\_\_\_\_ a.m.      p.m.

**Facility Requested**

(Location: i.e., Gateway Park)

Ramada 1      Ramada 2      Ramada 3  
 Ramada 4      Ramada 5      Ramada 6

**Area Requested**

(ie, Field #1)

**Equipment Requested**

Scoreboard      Base      Tables # \_\_\_\_\_      Chairs # \_\_\_\_\_

Other: \_\_\_\_\_

**Set-up Requested**

Classroom      Theater      Hollow Square      U-Shape      Conference

Other: \_\_\_\_\_

**Special Instructions**

**Does activity service El Mirage**

**Residents**

Yes      No      # of Residents Served: \_\_\_\_\_      Participant Fee: \$ \_\_\_\_\_      Discount to Residents \_\_\_\_\_

**Request for Waiver of**

**Fees (Attach)**

*Any governmental or non-profit agency may request a waiver of fees for facility use. If requesting a waiver of fees, please include a narrative explaining why the City of El Mirage should grant your request and how both the City and its residents will directly benefit from the planned event. Upon review by the City Manager, a city representative will contact the applicant regarding the approval or denial.*

**Name of Organization**

**Designation**

Non-profit      Profit      Commercial      Government

**Nature of Activity**

**Applicant Responsible**

(Please Print)

**Telephone**

Work      Cell      Home

**Mailing Address**

City      Zip

*Thank you for choosing the City of El Mirage for your rental needs. Your patronage is valued and your rental is important. Should you have any comments, questions or concerns please phone (623) 935-6405, Monday through Thursday, between 6:00am and 3:00pm. In the event that you incur a problem after 3pm on weekends and holidays, please phone (623) 933-1341 and the Police Dispatcher will contact the appropriate personnel to assist you.*

*Indemnification: The applicant and organization identified above hereby agree to indemnify, defend and hold harmless the City of El Mirage, and its employees, officers, elected officials, agents and anyone acting on or for its behalf (hereinafter collectively "City") from any and all liability, loss, claims, demands, litigation, causes of action, court costs, attorneys' fees and other expenses arising from or related to any loss, damage or injury (including death) to person or property in any way resulting from, arising out of or alleged to result from or arise out of the use of the City of El Mirage facility(ies) by me, the above identified organization or any persons invited or permitted by me or the organization to use the facility(ies), whether or not such loss, damage or injury is attributable, or alleged to be attributable, to the negligence of others, including the City.*

*Assumption of Risk and Release: I and the organization know the risks and dangers, from both known risks and unanticipated risky, of using the facility(ies) described above in the manner specified, and do so voluntarily and in reliance upon our own judgment and ability, not upon the property, equipment, facilities and existing conditions furnished by others, including the City. As consideration for being permitted to use the facility, I and organization, on behalf of ourselves and those whom we invite or permit to use the facility(ies), assume all risk of liability, and agree to release and waive the City of El Mirage of liability, for any loss, damage or injury (including death) to person or property from any cause whatsoever, whether or not attributable to the negligence of others including the City of El Mirage, arising out of the use of the facility in the manner set forth above and during the dates and times specified. This Assumption of Risk and Release shall also apply to any minor under 18 years of age whom we may bring or allow participating in any event or activity in, on or at the facility.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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**FOR OFFICE USE ONLY**

Fees Agreement	Category 1	Category 2	Category 3	<i>Request Waiver of fees</i>
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*Any governmental or non-profit agency may request a waiver of fees for facility use. If requesting a waiver of fees, please include a narrative, along with this completed form, explaining why the City of El Mirage should grant your request and how both the City and its residents will directly benefit from the planned event. Upon review by the City Manager, a city representative will contact the applicant regarding the approval or denial.*

Date(s)	Facility Description (Field, Ramada, Room#, Center, etc)	Total Hours	Rate	Fee
			\$	\$
			\$	\$
			\$	\$
w/Field Lights	(2-hour minimum)		\$	\$
Supervision/Equip.	(Custodial, security, equipment, tables, chairs, podium, etc.)		\$	\$
<u>Deposits</u>	(Based on category and facility requested)		\$	\$

Proof of Insurance Received	Yes	No	Date Received:	Amount Received: \$	Paid with:	<b>TOTAL</b>	\$
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Employee Receiving Application(s) \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Notes/Comments:**