



CITY OF NEEDLES

FACILITIES & EQUIPMENT RENTAL APPLICATION

Department: _____

Recreation

Aquatics

Parks

Animal Control

Facility / Equipment Requested: _____

Event Date: _____	Event Time: _____
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Type of Function: _____ Estimated Attendance: _____

Requesting Organization: _____

Contact Person(s): _____ Phone: _____

Address: _____

Will admission be charged? Yes No Proceeds go to? _____

List equipment / arrangements needed to facilitate your event: _____

Harmless Clause:

The sponsoring organization, individual member(s) of the sponsoring organization, and any and all participants and attendees for themselves, their spouses, heirs, administrators, executors and assignees, release and hold harmless the Governing Board, City and its officers and employees from any claim or demand, including those based on the negligence of the Governing Board, City and its officers and employees, arising from participation or attendance at this activity or function held on City property or utilizing City equipment.

Damage Clause:

I/We hereby certify that I/we shall be personally responsible on behalf of our organization for any damage sustained to City furniture, or equipment because of the occupancy of said use of equipment by our organization. I/We agree to abide by, and to enforce courtesy while using the City equipment.

Animal Trap Rental:

This is to certify that on the above date, I rented a small / large trap in working condition from the Needles Animal Control Department. I accept all responsibilities to return the trap in the same condition as when it was loaned out. (The trap is to be returned clean and clear of any cans, dishes, strings, etc.)

I further agree to reimburse the City of Needles for said trap if it is lost, stolen, destroyed or damaged. See Fee Schedule for trap replacement charge.

Applicants Signature: _____ **Dated:** _____

----- **OFFICIAL USE ONLY** -----

Priority Class: _____ Fee: _____ Deposit Amount: _____ CA / CK / MO

Insurance information (if applicable): _____

-- Include copy of insurance rider for this event with your application --

Approved by: _____ Title: _____ Date: _____

Approval for alcoholic beverages during event: _____ Date: _____

City Manager's Signature