APPLICATION FOR USE OF CITY ATHLETIC FACILITIES



Athletics Program
2190 Polk Street
Eugene, Oregon 97405
541-682-5409
eugeneathletics@eugene-or.gov
www.teamsideline.com/eugene

Facility Requested	
Date(s) of Use (attach schedule if needed)	
Time of Use (including set-up and take-down): t	fromto
Type of Event/Activity	
Applicant/Contact Person	Phone: (h) (w)
Applicant's Address	City/Zip
Applicant's Email Address	
Activity Information: 1. Participants: AdultsYouth 2. Is this activity open to the public? Yes 3. Is this a Eugene 4J or Bethel 52 School Dis 4. Estimated Attendance 5. Sponsoring Organization Name City/Zip	Strict activity? YesNo
 The City reserves the right to cancel reserves. The deposit will be returned under the follow Cancellation occurs due to actions of the C The applicant is responsible for set-up, clear City will bill applicant for damages or losses 	ive (5) months in advance and will not be confirmed until the deposit is paid. vation if field conditions warrant. wing conditions: ity or inclement weather as determined by City an-up, and any damages to the facilities resulting from its use of the facility. es in excess of the deposit. or the event at any time for compliance with the regulations, policies and
I certify that the above statements are true to the bipolicies. I understand that violation of any of these forfeiture of deposit, legal responsibility for damage: I shall indemnify and hold City, its officers, agents, a	lease From Liability Agreement est of my knowledge and that I agree to be bound by the above regulations and e regulations and policies may result in the immediate termination of thee event, is in excess of the deposit, and will jeopardize future use of the facility. and employees harmless from any and all claims, actions, liabilities, costs, arising out of or related to the activities of myself and the other participants during
	evidence of general liability insurance with limits of no less than \$500,000 damage. Required coverage will be primary to the City's insurance. The City will
	will not exclude anyone from participation in, deny anyone the benefits of, or e of the person's race, color, national origin, age or disability.
I understand that the City is not a sponsor of this ac	ctivity, nor will it provide any supervision of the activity.
I further understand that the City makes no warranti application and that I and the other participants will	ies or guarantees as to the condition of the facilities or equipment covered by this be using the facilities at our own risk.
Applicant's Signature	Date Signed
********FOR DE	PARTMENT USE ONLY* * * * * * * * *
Application Approved: Yes No E	By Date
Average Details	Lu Britani
Amount Date Pd. Facility Deposit	Int Refund Rate Per Hour \$
Key Deposit	Number of Hours
Facility Charge	NOTES:
Lights Proof of Insurance Provided: Yes No	 N/A