



P.O. Box 369 (Mail)
303 E. Pecan Dr. (Physical)
Johnson City, TX 78636
830.868.7111 (Phone)
830.868.7718 (Fax)

APPLICATION DATE: _____

PARK FACILITY RENTAL AGREEMENT

APPLICANT INFORMATION:

CONTACT NAME: _____

ORGANIZATION NAME (IF APPLICABLE): _____

ADDRESS: _____

PHONE: (____) _____ - _____ EMAIL: _____

FACILITY REQUEST:

- MEMORIAL PARK
- PARK BUILDING
- POOL
- SOFTBALL FIELD
- PARK PAVILION

EVENT INFORMATION (SPECIAL EVENT PERMIT MAY BE REQUIRED):

EVENT DATE(S): _____ TO _____

TIMES OF USE: _____ TO _____

(PLEASE BE SPECIFIC, INCLUDING DELIVERIES AND SET-UP)

EVENT DESCRIPTION:

PUBLIC EVENT: YES NO EXPECTED ATTENDANCE: _____

WILL THERE BE LOUDSPEAKERS, LIVE MUSIC, OR AMPLIFICATION EQUIPMENT?: YES NO

IF YES, PLEASE DESCRIBE: _____

WILL ALCOHOL BE SERVED?: YES NO

WILL ALCOHOL BE SOLD?: YES* NO

* TABC LICENSE AND CERTIFICATE OF GENERAL LIABILITY INSURANCE REQUIRED.

FOOD SALES AT EVENT?: YES NO

MISCELLANEOUS INFORMATION:

PLEASE SEE THE CITY'S FEE SCHEDULE FOR REQUIRED DEPOSITS, RENTAL RATES, AND/OR MISCELLANEOUS FEES. IF THE EVENT IS DETERMINED BY CITY STAFF TO REQUIRE A SPECIAL EVENT PERMIT, PLEASE BE AWARE THAT PARKING REQUIREMENTS, SANITARY FACILITIES, WASTE COLLECTION AND DISPOSAL ARRANGEMENTS, GENERAL LIABILITY INSURANCE, AND SURETY BONDS MAY BE REQUIRED.

ACKNOWLEDGEMENT:

I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS STATED IN THE CODE OF ORDINANCES AND PARKS AND RECREATION POLICIES, PROCEDURES, AND RULES FOR THE PARK FACILITY REQUESTED ON PAGE ONE OF THIS AGREEMENT. AS THE AUTHORIZED AGENT, I SHALL BE THE RESPONSIBLE FOR THE ORGANIZATION AND/OR EVENT INDICATED ON PAGE ONE. I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF JOHNSON CITY, ITS OFFICERS, EMPLOYEES, AGENTS, AND REPRESENTATIVES AGAINST ALL CLAIMS OF LIABILITIES AND CAUSES OF ACTION RESULTING FROM INJURY OR DAMAGE TO PERSONS OR PROPERTY ARISING OUT OF THE EVENT.

AUTHORIZED AGENT SIGNATURE

____/____/_____
DATE SIGNED

PRINTED NAME