

CITY OF LAWNDALE

COMMUNITY SERVICES DEPARTMENT

14700 Burin Avenue, Lawndale CA 90260 - (310) 973-3270 - www.lawndalecity.org

FACILITY RESERVATION APPLICATION

INDOOR FACILITIES

<u>APPLICANT INFORMATION (Please print using black or blue ink):</u>

| Name of organization or individual | : | | |
|--|------------------------|---|--------------------------|
| Contact name if organization: | | | |
| Address: | City: _ | State: | Zip: |
| Daytime phone: | | Alternate phone: | |
| E-mail address: | | | |
| Alternate contact name: | | Phone: | |
| EVENT INFORMATION: | | | |
| Date requested:Al | ternate Date: | Expected attendance | : |
| Entry time (setup can begin): | Ex | kit time (cleanup must be de | one): |
| Time guests will arrive: | Ti | me guests will depart: | |
| Guests must leave the Community (other facilities. | Center Main Event Roon | 1 45 minutes before the exit | time, 30 minutes for all |
| Describe the event: | | | |
| RESERVATION LOCATION: | • | | |
| William Green Park Community | | - Martine Deces 2 | |
| Lawndale Community Center: | 0 | □ Meeting Room 2 □ Main Event Room B | 0 |
| Will there be music? \Box Yes | | | |

For Main Event Room (Full or B) Reservations:

Amenities desired: \Box Full Kitchen (*a professional caterer required*) \Box Partial Kitchen \Box Platform Stage (*Performances ONLY, No DJ's*) Food service (check one): \Box On-site food preparation \Box Food preparation elsewhere \Box Food will not be served Will alcohol be served? \Box Yes \Box No (*If yes, ABC license is required and additional costs will apply.*)

FACILITY USE RULES: The following is a <u>partial</u> list of the City's facility use rules. For complete information, refer to Council Policy No. 78-04.

- Community Center facilities must be reserved for a minimum of three hours, including setup and cleanup time.
- The Community Center Main Event Room platform stage may only be used for presentation or performances, no disc jockeys.
- If alcohol will be served, security must be provided as required in Council Policy No. 78-04.
- If the number of participants exceeds the expected attendance (above), the City can terminate the event immediately under certain circumstances.
- Participants who damage the facility or act in a way that might cause harm to others will be required to leave. "I agree to and accept all conditions as stated in Council Policy 78-04, Facilities Use Rules and Regulations."

Date

| I, | (FULL NAME), on behalf of |
|----|---|
| | (ORGANIZATION) understand that my use of the |
| | (hereinafter "City Facility") exposes me to the risk of |

personal injury, death or property damage, as well as the risk of injury or damage to other people or property. I hereby acknowledge that I am voluntarily requesting to use this City Facility and agree to assume any such risks on behalf of myself and the Organization and any participants in said use.

I hereby release, discharge and agree not to sue City of Lawndale and its officers, agents, and/or employees against any claim for any injury, death or damage to or loss of personal property arising out of, or in connection with, my and the Organization's use of the City Facility from whatever cause, including the active or passive negligence of City of Lawndale or any other participant in the use of the City Facility, other than an injury or damage arising out of the sole negligence or willful misconduct of City, its officers, agents, and/or employees.

In consideration of being permitted to use the City Facility, I hereby agree, for myself, my heirs and assigns and the Organization that I/the Organization shall indemnify and hold harmless City of Lawndale, its officers, agents, and /or employees from any and all claims, demands actions or suits arising out of or in connection with my/the Organization's use of the City Facility.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. IF THIS APPLICATION IS BEING SOUGHT ON BEHALF OF AN ORGANIZATION, I AM DULY AUTHORIZED TO SIGN THIS RELEASE ON BEHALF OF AN ORGANIZATION. I AM AWARE THAT THIS IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

Applicant's Printed Name

Applicant's Signature

Dated