

City Of Orland Recreation Center Facility Use Form

1002 Hambright Ave. Orland, CA 95963 phone: (530) 865-1630 website: cityoforland.com



<i>Official Use Only</i>	
Deposit/ Date Paid _____/_____	EST. Balance Due _____
Fees/ Date Paid _____/_____	Staff Member Initial _____

Company/ Organization

Name (Official Representative)

Purpose of Event

Address

Phone (Home)

Phone (Work)

Date Requested for Event

Time Requested

Will Food or Beverage be provided? **YES / NO**

Will tickets/ services/ goods be sold? **YES / NO**

Proof of Insurance/ Insurance Acct. # _____

****Alcohol is NOT allowed to be served, sold, or consumed in the Recreation Center or parking lot****

CONDITIONS FOR RENTAL AGREEMENT

- I. By signing below I have agreed to read the Parks and Recreation Facility Rental Policies and Procedures document that was presented to me upon reserving the City of Orland Recreation Center. After reviewing the rental policies and procedures guide, I am also agreeing to uphold such policies during my rental time and abide by any and all guidelines as well as any and all City, State, and Federal laws that may apply.
- II. By signing below I have agreed to read and uphold the security policy and requirements that was presented to me upon reserving the City of Orland Recreation Center. I also understand as the renter/ rental party or business that I/ we are responsible for securing a contract with a licensed security company. Total amount of security guards that must be present is _____.
- III. I am understanding as the renter/ rental party/ or local business that by signing below I am agreeing that: If there is negligence, vandalism, "police call outs", damage to the facility, additional time at facility/ park that has not been reserved, additional clean up required or fess associated with staff, facility, or circumstance that my cleaning/ security deposit will be forfeited or deducted from as well as additional fees that can apply.
- IV. The applicant shall hold harmless, defend and indemnify the City of Orland and its officers, officials, employees, and volunteers from and against all claims, damages, losses, and expenses including attorney fees arising out of its officers, employees, agents, guests or invitees.

I, _____ have read the items and agree to all terms and conditions.
(Print Name)

Signature of Applicant _____

Date: _____