



City of Orland Recreation Center Facility Use Form
1002 Hambright Ave
Orland, CA 95963
(530)-865-1630
cityoforland.com

Deposit / Date Paid _____ / _____
Fees / Date Paid _____ / _____
Est. Balance Due _____
Staff Member Initial _____

Facility Use Application and Liability Release Form

(Note: Insurance is the responsibility of the user and must be present)

_____	Expected Attendance: _____
Company / Organization	Will Food or Beverages be provided? ___ Yes ___ No
_____	Will tickets/services/goods be sold? ___ Yes ___ No
Purpose of Event	(If yes, Business License # or Temp: _____)
_____	Will Alcohol be served? _____
Name (Official Representative)	Will Alcohol be sold? _____
_____	(If yes to the above questions, an Alcohol License from ABC and/or permit must be authorized by the Police Chief.)
Address	

Phone (Home) _____ (Work) _____	

Date Requested for Event	Proof of Insurance/Insurance Acct. # _____

Time Requested	

CONDITIONS OR RENTAL AGREEMENT

1. 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.
2. 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 _____.
3. I am understanding as the renter/rental party /or 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 fees 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.
4. 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 the losses, expenses, or attorneys' fees, are caused by or result from a negligent acts or omissions of Applicant, its officers, employees, agents, guests or invitees.

I, _____ have read the items listed and agree to all terms and conditions.

(Print Name)

Signature of Applicant _____ Date: _____