



<i>For Office Use</i>	
Day of Use:	_____
Date(s):	_____
Time:	_____
Location:	_____

Mailing Address: PO Box 418114, Sacramento, CA 95841-8114
Physical Address: 4855 Hamilton St., Sacramento, CA 95841
916-482-8377

Athletic Field Rental Application

Application Date: _____

FACILITY REQUESTED: Soccer Field(s) HSP Large HSP Small Oakdale

Person / Contact in Charge of Activity: _____

Email: _____ Contact Phone #: _____

Mailing Address: _____

Alternate Contact Person in Charge: _____

Email: _____ Contact Phone #: _____

Mailing Address: _____

Type of Activity or Event: Youth Practice Youth Games Adult Practice Adult Games

Single Event Date: _____ From _____ AM/PM - To _____ AM/PM

Serial/Multiple Event Dates:

Sunday(s)____ Monday(s)____ Tuesday(s)____ Wednesday(s)____ Thursday(s)____ Friday(s)____ Saturday(s)____

Time(s) From _____ AM/PM - To _____ AM/PM

Is this event open to the public? Yes No

Is there an admission charge? Yes No Admission Fee \$ _____

Expected Attendance: Adults: _____ Children (Under 18 years of age): _____

FEE SCHEDULES *NOTE: A season shall not exceed 6 months.

- _____ \$120.00 - Refundable season damage security deposit, payable at time of rental application submission.
- _____ \$5.00 - Per hour Youth Practice. Monday thru Fridays.
- _____ \$15.00 - Per hour Adult Practice. Monday thru Fridays.
- _____ \$60.00 - Minimum 4-hour field rental (per day).
- _____ \$120.00 - 8-hour field rental (per day)

FIELD RENTAL INFORMATION And INSURANCE REQUIREMENTS PROVIDED AND READ.

Initial: _____
I have read above items provided

INDEMNITY AND HOLD HARMLESS CLAUSE

INDEMNIFICATION

The **(USER/RENTER)** shall indemnify, defend, and hold harmless **Arcade Creek Recreation & Park District**, its officers, employees, and agents from any and all losses, costs, expenses, claims, liabilities, actions, or damages, including liability for injuries to any person or persons or damage to property arising at any time out of or in any way related to the **(USER/RENTER)**'s use or occupancy of a facility or property controlled by the **Arcade Creek Recreation & Park District**, unless solely caused by the gross negligence or willful misconduct of **Arcade Creek Recreation & Park District**, its officers, employees, or agents.

(User/Renter) will further pay any and all costs and expenses, including but not limited to court costs and reasonable attorney's fees, incurred by **(User/Renter)** on account of any such claims, demands or liabilities.

I have read and fully understand the Arcade Creek Recreation and Park District Facility Use Regulations and agree that my event will follow these regulations and guidelines.

I further understand that failure to follow these regulations and guidelines can result in loss of my deposit and shut down of my event. In the event of a complete shut down, I will be responsible for any costs associated and my fees and deposit are forfeited.

The applicant or their representative agrees to be present during the entire period of use of the facility by the applicant organization.

The applicant agrees to comply with the requirements of the American with Disabilities Act regarding access to or participation in the activity sponsored by applicant.

(Signature of Applicant)

(Date)

(Printed Name of Applicant)

For Office Use Only			
Deposit Amount	Date Paid	Form of Payment	Receipt #
Rental Fee Amount	Date Paid	Form of Payment	Receipt #
Insurance Required	Yes	No	
Insurance Received	Yes	No	
Security Required	Yes	No	
Permit # Assigned			