



*For Office Use*

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)

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**FIELD RENTAL INFORMATION And INSURANCE REQUIREMENTS PROVIDED AND READ.**

Initial: \_\_\_\_\_

*I have read above items provided*

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**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.

**FORCE MAJEURE**

Force Majeure Events: Notwithstanding anything to the contrary contained in this agreement, the Arcade Creek Recreation & Park District, shall be excused from its obligations under this agreement to the extent and whenever it shall be prevented from the performance of such obligations by any Force Majeure Event. For purposes of this agreement, a "Force Majeure Event" includes but is not limited to fires, floods, earthquakes, pandemic, epidemic, civil disturbances, acts of terrorism, regulation of any public authority, and other causes beyond their control. The **(USER/RENTER)** waives any right of recovery against Arcade Creek Recreation & Park District, and the **(USER/RENTER)** shall not charge results of "acts of God" to Arcade Creek Recreation & Park District, its officers, employees, or agents.

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			