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## PLEASE READ AND COMPLETE ITEMS 1 THRU 19 AND SIGN THE DOCUMENT (SIGNATURE OF APPLICANT)

1. Recreation Center Studio City Recreation Center - SCRC, Moorpark Park, Woodbridge Park
2. Name of Organization

## 3. Representative's Name

4. Mailing Address

City
Zip
5. Contact Evening ( ) Cell ( ) e-mail
6. Type of Event
7. Date and Time of Event

Day(s)
Sunday
Month/Date(s)

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
8. Charging Fee(s)? $\quad \square$ Yes $\square$ No $\$$ $\qquad$ 9. Will food sales be conducted? $\square$ Yes $\square$ No 10. No. Participants: Adult $\qquad$ Youth
11. Facilities/Services Requested (check all that apply):

| $\square$ Auditorium | $\square$ Kitchen | $\square$ Outdoor Area | $\square$ Baseball Diamond \#__ |
| :--- | :--- | :--- | :--- |$\quad \square$ Other $\quad \square$.

14. Canopies/Tents? $\square$ Yes $\square$ No
15. Refreshments Served? $\qquad$ YesNo
16. Is this a Fundraiser? $\square$ Yes $\square$ No
17. Rental: $\square$ Yes $\square$ No Chairs
18. Moon Bounce $\square$ Contact Name $\square$ YesNo

Company Name
Tables $\qquad$ Company Name $\qquad$


## Phone No.

17. Will you require electrical set-ups? $\square$No
18. Will you be erecting/assembling any structure larger than a canopy? $\square$ YesNo
19. There is a possibility that this event may need insurance, please check with the Facility director

## HOLD HARMLESS/WAIVER OF DAMAGES

Permittee hereby expressly agrees on its behalf and that of its dependents, heirs, assigns and legal representatives: That the City of Los Angeles, its officers, agencies, employees and volunteers shall not be responsible or liable for any injury (physical or mental), death, damage, loss or expense (including legal costs and reasonable attorney fees) either to Permittee, its invitees, or either party's property incurred while Permittee is exercising the above permission or is engaged in activities related thereto.

PERMITTEE HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY AND ALL RISK OF INJURY, DEATH OR PROPERTY DAMAGE
Arising out of said activities. Permittee further agrees to indemnify and hold harmless the City, its officers, agencies, employees, and volunteers from all loss or liability, actual or alleged, that may arise from Permittee's conduct, either intentional or negligent, while participating in the above described activities. However, neither the waiver nor the indemnity agreement exempts the City or its officers, agencies, employees or volunteers from acts of gross negligence or willful misconduct.

## PERMITTTEE HERBY REPRESENTS THAT:

Permittee is aware of the condition of the public premises and accepts the premises in their present condition. Permittee agrees to abide by all safety regulations. Permittee has carefully reviewed this document, understands its contents, and signs it voluntarily, without being subject to coercion.

THE SALE, SERVING AND CONSUMPTION OF ALCOHOLIC BEVERAGES IS NOT PERMITTED. SOUND APPLIFYING SYSTEMS ARE PROHIBITED. (MC63.44)
I certify that all statements on this application are complete and correct.

TO BE COMPLETED BY DIRECTOR IN CHARGE
application must be flled out completely, given immediately to the district supervisor for approval with all fees paid in full or reservations REQUIRE AN ADVANCE DEPOSIT OF $50 \%$ OF THE TOTAL FEES (PER RATES AND FEES MANUAL). ALL APPLICATIONS ARE TO BE SUBMITTED TO THE REGION OFFICE TWO WEEKS PRIOR to event. Special events with 200+ requires prior approval before fees are collected and 12 weeks Prior to the Event

| Facility is normally: $\square$ Open $\square$ closed | Staff Coverage Required: $\square$ Yes $\square$ No |  |
| :---: | :---: | :---: |
| Is Insurance Required: $\square$ Yes $\square$ No | *Leagues, competitive sports, activity involves risk, or of people. | large event/number CAO \# I Insurance verification Top of <br> front page |
| $\begin{aligned} & \text { Fees: } \square \text { Regular Permit } \square \text { Fee Generating } \\ & \text { Permit } \end{aligned}$ | Group Exempt from fees? $\square$ Yes $\square$ No If yes - Exemption number | Proof of Non Profit status attached $\square$ Yes $\square$ No |


| $\square$ | No. Staff Needed | X | \# of hours requested | $=$ | Total Staff Hrs | x | Hourly rate | \$ | $=$ | \$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\square$ | Addit | Ne | Fees) |  | urly \$ |  |  |  |  |  |


| $\square$ | Additional Rooms (Rates \& Fees) | \$ | x |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\square$ | Use of Kitchen (Rates \& Fees) = |  |  |  |  |  |  |
| $\square$ | Refreshment Fee (Rates \& Fees) |  |  |  |  |  |  |
| $\square$ | Field / Gymnasium Rental Fee $\quad$ Hours x ( |  |  |  |  |  |  |
| $\square$ | Picnic Reservation Fee: $\quad \square 1-50 \quad \square 51-100 \quad \square 101-200 \quad \square$ 201-400**see note $\quad \square$ 201-400**see note $=$ \$ |  |  |  |  |  |  |



## Comments:

