



TOWN OF DISCOVERY BAY COMMUNITY SERVICES DISTRICT

PARK RESERVATION & USE PERMIT APPLICATION

REQUESTED LOCATION

CORNELL PARK – Tennis Court

CORNELL PARK – Baseball Field

CORNELL PARK – Soccer Field

CORNELL PARK – Shaded Picnic Area

CORNELL PARK – Horse Shoe Pits

CORNELL PARK – Pickle Ball Courts

CORNELL PARK – Bocce Court(s)

RAVENSWOOD PARK – Soccer Field

RAVENSWOOD PARK – Covered Picnic Area #1

RAVENSWOOD PARK – Covered Picnic Area #2

COMMUNITY CENTER – Tennis Court(s)

COMMUNITY CENTER – BBQ Area

Date Submitted: _____

Event Date: _____

Event Type: _____

Start Time: _____

Estimated Attendance: _____

End Time: _____

CONTACT INFORMATION

Name/ Organization: _____

Address: _____

Main Contact: _____ Phone Number: _____

Secondary Contact: _____ Phone Number: _____

FEE(S) & DEPOSIT(S)

The rental fee is due a minimum of five (5) days before the rental. The fee may be paid by check or money order. The damage deposit is required to be paid separately from the rental fee by check or money order made payable to "The Town of Discovery Bay CSD."

Requested Time: _____

Rental Rate: _____

Deposit: _____

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WAIVER, RELEASE & INDEMNITY AGREEMENT

Waiver, Release and Indemnity Agreement: The person signing this Agreement warrants that he/she has the authority to execute this Agreement or on behalf of the Organization/Group and that he/she or the Organization/Group will be bound to the terms of the Agreement by such signature. I hereby understand this application is to request usage of a Park area and accept personal responsibility for damage sustained and/or cost incurred by the Town of Discovery Bay CSD because of the occupancy of said premises by myself or my Organization/Group. I, or my Organization/Group, agree to fully reimburse the Town of Discovery Bay CSD for any damage arising from the use of said Park, and costs and/or attorneys' fees, if any, incurred in collection. I have received, read and fully understand the rules, regulations and policies for use of the Park area. I agree to abide by, inform my Organization/Group, and enforce the rules, regulations and policies of the Town of Discovery Bay CSD governing the use of the Park area. I understand and agree that failure to abide by the rules, regulations and policies of the Town of Discovery Bay CSD shall result in the immediate loss of privileges of use of the Park area and/or privileges for future use. I also agree to hold the Town of Discovery Bay CSD, its officers, employees, the individual members thereof, agents, and volunteers, harmless from any damage, liability, cost or legal expense that may arise during or be caused in any way by such use or occupancy of the Park area. I agree that this Waiver, Release and Indemnity Agreement is binding on my heirs and assigns.

Applicant Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

FOR ACCOUNTING USE ONLY

Deposit Fee Due: _____ Date Paid: _____ Received By: _____

Rental Fee Due: _____ Date Paid: _____ Received By: _____

Insurance Required? _____ Date Received: _____ Received By: _____

FOR PARKS/LANDSCAPE STAFF ONLY

Date Reservation Schedule Posted: _____ By: _____

Note any Pre-existing damage to the area: _____

POST EVENT INSPECTION

Note any damage or cleaning needed to the premises: _____

Deposit Amount: _____

Cost on Damages: _____

Cost on Cleaning: _____

Deposit Returned: _____

Staff Signature: _____ Date: _____

Renter Signature: _____ Date: _____