

City of Dinuba - Parks & Community Services

1390 E. Elizabeth Way, Dinuba, CA 93618

(559)591-5940 Fax (559)595-8824

FACILITY USE FORM

This reservation application is issued in accordance with the policies in the attached packet. All reservation forms must be signed and returned before consideration of use approval. Submission of reservation request does not constitute approval. Reservations require a minimum of 10 working days to process. A processing fee may be charged when cancellation is requested.

Name of Organization: _____ Date: _____

Name of Applicant: _____
Phone (Res) _____ Phone (Work/Cell) _____

Address of Applicant: _____
City _____ Zip _____

Activity Description: _____

Bounce House/Water Slide: Yes No Company Name: _____

Rental Date(s): _____ Hours of Use: from: _____ to: _____ Total Hours: _____

(Include set-up & clean-up time)

Attendance: _____ Activity open to the public? Yes No Will a fee be charged? Yes No
(Estimate)

COMMUNITY CENTER: Multi-Purpose Room Kitchen Room A Room B Room C

PARKS & ATHLETIC FIELDS:

Rose Ann Vuich Park

- Picnic #1 (Small blk-top)
- Picnic #2 (Pavilion/Covered)
- Picnic #3 (blk-top A)
- Picnic #4 (blk-top B)
- Band Shell (Stage)

Roosevelt Park

- Picnic
- Field #1
- Field #2
- T-Ball Field

Centennial Park

- Picnic
- Soccer #1
- Soccer #2

KC Vista Park

- Picnic
- Baseball #1
- Baseball #2
- Soccer #1
- Soccer #2

Felix Delgado Park

- Picnic #1
- Picnic #2
- Picnic #3 (Pavilion)
- Softball Field

Entertainment Plaza:

- Gazebo

Alice Park:

- Picnic Area

Nebraska Park:

- Picnic Area

Other:

EQUIPMENT REQUEST and/or SPECIAL NEEDS:

8' Tables _____ Tables _____ Chairs _____

Other: _____

(All Equipment must be returned in good condition and clean.)

Office Use Only

Equipment Verified by: _____

Check Out: _____

Returned: _____

AGREEMENT, WAIVER AND RELEASE (Facility Activity)

I understand the risks involved by participating in the activity of _____ for which I/we are utilizing the City of Dinuba Parks & Community Services property, and in consideration for being permitted by the City of Dinuba to participate in the above activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the City of Dinuba (its officers, and/or officials, employees, volunteers and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity of _____ involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons and entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity. I also understand that in accordance with the law, no liquor will be allowed on the premises and smoking is prohibited in public buildings pursuant to California Government code sections 7596-7598.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF DINUBA PARKS & COMMUNITY SERVICES.

Applicant Signature _____

Date: _____

Request:

Approved Denied

Authorized Personnel Signature _____

Date: _____

Accepted by: _____
Initials

Receipt # _____

Total Amount: _____

(From reverse side of this form)

FEES MUST BE PAID 10 DAYS PRIOR TO DATE OF USE.

NOTES:

	Total Hours of Use	x	Hourly Rate/Fee	= \$	
Rental:	_____	x	\$ _____	= \$	_____
Rental:	_____	x	\$ _____	= \$	_____
Lights/Electricity:	_____	x	\$ _____	= \$	_____
			Kitchen:	= \$	_____
			Set Up/Tear Down:	= \$	_____
			Equipment Rentals:	= \$	_____
			Less Deposit:	= (\$	_____ Receipt # _____
			TOTAL	= \$	_____ Receipt # _____

INSURANCE TOTAL = \$ _____
 Collect as separate payment to be processed with
 Insurance Company.