

CITY OF FORT LAUDERDALE  
PARKS & RECREATION DEPARTMENT  
FACILITY USE APPLICATION

Name of Applicant \_\_\_\_\_  
Name of Organization (if applicable) \_\_\_\_\_  
Title (if applicable) \_\_\_\_\_ Profit Organization \_\_\_\_\_ Non-Profit \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Name of Park/Facility/Pool/Beach Requested \_\_\_\_\_  
Specific Area(s) Requested \_\_\_\_\_  
Briefly describe the event for which you are making this request \_\_\_\_\_

Attach a separate sheet if necessary

Requested Use As Indicated Below:

Dates Requested	Times Requested	Total Hours
_____	_____ am/pm - _____ am/pm	_____
_____	_____ am/pm - _____ am/pm	_____

Anticipated attendance per use date \_\_\_\_\_

Are you planning to charge an admission, donation, or other fee? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, How much? \_\_\_\_\_ What for? \_\_\_\_\_

Are you planning on Advertising the event to the general public? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you planning to have any type of Concession? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Requires the written permission of the Director of Parks and Recreation.)  
If Yes, Please describe (in detail) \_\_\_\_\_

Does your group have insurance? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, Describe type and limits of Coverage \_\_\_\_\_

The Applicant/Organization will be required to furnish, seven (7) days prior to the first of date of use, proof of general liability insurance in the amount of \$1,000,000.00 to the City's Risk Manager. The City shall be named in the policy as an additional insured. If applicant is a state agency or political subdivision as defined by Section 768.28, Florida Statutes, as may be amended from time to time, and are self-insured pursuant to that section, they shall provide written verification of liability protection to the City's Risk Manager for approval.

The Applicant/Organization is required to pay in full, all fees to the City of Fort Lauderdale upon application.

Applicant/Organization agrees to indemnify and hold harmless CITY, as well as its employees and agents, against any and all damage of any nature whatsoever including but not limited to death or injury, property damage, claims, suits, actions, judgments, attorney fees and court costs arising out of, attributable to or in any way connected with the use of the facility pursuant to this application or activities arising out of or related to this application. This indemnification shall not be limited by any insurance required under this Agreement. This indemnification shall survive the expiration or revocation of this Agreement.



If Applicant/Organization is a state agency or political subdivision as defined in Section 768.28, Florida Statutes, as may be amended from time to time, the above indemnification provision does not apply and they agree to be fully responsible for the acts and omissions of their agents or employees to the extent permitted by law.

Applicant/Organization agrees to comply with all applicable local, state and federal laws and regulations.

City reserves the right to terminate use by Applicant/Organization immediately for failure to comply with any of the provisions in this application. City reserves the right to terminate use by Applicant/Organization for any reason upon 48 hours prior notice.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

Insurance/Proof of Self-Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Any questions as to whether the applicant requires insurance will be addressed by the Director of Parks and Recreation. ADDENDUM: Yes/No

FEE COMPUTATION

Fee Computation is based on estimates supplied by the City Prior to the date of the event. All fees must be paid prior to use, but in the event that additional hours and/or staff must be used, an additional bill will be sent. This bill must be paid in full within two (2) weeks after issuance.

STAFFING NEEDS

Date \_\_\_\_\_  
\_\_\_\_\_

RENTAL NEEDS

Date (Time to Time = Total Hours x Hourly Fee = Total)  
\_\_\_\_\_  
\_\_\_\_\_

Totals

Rental Fee \_\_\_\_\_

6% Tax \_\_\_\_\_ or Tax-exempt number (if applicable) \_\_\_\_\_

Staff Fee \_\_\_\_\_

Sub Total \_\_\_\_\_ plus trash/damage deposit \_\_\_\_\_ = \_\_\_\_\_  
Grand Total

Payment Record

Full Payment due upon application  
\$300 trash/damage deposit required.

Amount Paid \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

Check # \_\_\_\_\_ CC Authorization # \_\_\_\_\_

\_\_\_\_\_  
Staff Signature (as to Receipt of Application) Approval by Recreation Superintendent

\_\_\_\_\_  
Date

\*\*\*\*Attach the yellow copy of the Facility Use Receipt/Rec Trac to this application and forward for further approval.

