

**RIVER FALLS PARK**  
**FACILITY USE PERMIT & AGREEMENT**

DATE REQUESTED: \_\_\_\_\_

TIME: \_\_\_\_\_  
(includes set-up & clean-up)

NAME OF EVENT: \_\_\_\_\_

NUMBER EXPECTED TO ATTEND: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EVENT INFORMATION: \_\_\_\_\_

DESCRIPTION OF EVENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERMITTEE REQUESTS TO:

- |  |   |   |                             |
|--|---|---|-----------------------------|
| <input type="checkbox"/> CATERED EVENT                       | <input type="checkbox"/> ERECT TENTS/CANOPIES | <input type="checkbox"/> PORTABLE TOILETS |                             |
| <input type="checkbox"/> BRING INFLATABLES PLAY STRUCTURE(S) |   |   |                             |
| <input type="checkbox"/> AMPLIFIED MUSIC                     | <input type="checkbox"/> STEREO               | <input type="checkbox"/> BAND             | <input type="checkbox"/> DJ |
| <input type="checkbox"/> CHARGE ADMISSION                    | <input type="checkbox"/> FUNDRAISER           |   |                             |
| <input type="checkbox"/> OTHER _____                         |   |   |                             |

I HEREBY CERTIFY THAT I AM AN AUTHORIZED REPRESENTATIVE OF THE ORGANIZATION BELOW, THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I HAVE READ AND AGREE TO BE BOUND BY THE REGULATIONS AND POLICIES OF THIS AGREEMENT. I UNDERSTAND THAT VIOLATION OF ANY OF THESE AGREEMENTS MAY RESULT IN FORFEITURE OF DEPOSIT, JEOPARDIZE FURTHER USE OF THE FACILITY, AND RESULT IN IMMEDIATE TERMINATION OF THE EVENT. I (AND THE ORGANIZATION I REPRESENT) AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS THE TOWN OF WELDON, THEIR OFFICERS, AGENT AND EMPLOYEES FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGES, LOSSES, AND EXPENSES, INCLUDING LEGAL FEES ARISING FROM OR IN CONNECTION WITH ACTIVITIES DURING THE TERM OF THE FACILITY USE AGREEMENT.

\_\_\_\_\_  
SIGNATURE:

\_\_\_\_\_  
DATE:

**FOR OFFICIAL USE ONLY:**

EVENT APPROVED:  YES  NO

SIGNATURE: \_\_\_\_\_

SPECIAL EVENT PERMIT REQUIRED:  YES  NO

CERTIFICATE OF INSURANCE REQUIRED:  YES  NO

AMOUNT PAID: \_\_\_\_\_ DATE PAID: \_\_\_\_\_