City of Lafayette
Parks, Trails & Recreation Department
Office Address: Lafayette Community Center, 500 St. Mary’s Rd., Lafayette CA 94549
Phone (925) 284-2232; Fax (925) 284-1549
recreation@ci.lafayette.ca.us

Application to use Lafayette Facilities:

Dear Applicant:

City of Lafayette facilities exist for the enjoyment of all Lafayette citizens.

An application/permit is required for use of the Lafayette facilities for any organized group. If you wish to reserve a date(s), a $100 non-refundable deposit is required at the time of booking and will be applied to a $200 refundable security deposit required for organized use of the facility(ies).

This packet contains an application form, facility regulations and insurance requirements. Once the Parks, Trails & Recreation Department staff has received the reservation deposit, a completed application form and proof of insurance, a permit will be issued in your name.

Please call the Parks, Trails & Recreation Office at (925) 284-2232 if you have any questions.

Sincerely,

Jonathan Katayanagi, Director
Lafayette Parks, Trails & Recreation Department

JK: 5/30/2017
City of Lafayette
Parks, Trails & Recreation Department
Application for Use of City Sports Rink
Lafayette Community Center: 500 St. Mary’s Rd., Lafayette, CA 94549
Parks, Trails & Recreation Department Mailing Address: 500 St. Mary’s Rd., Lafayette CA 94549
Phone (925) 284-2232   Fax: (925) 284-1549
recreation@ci.lafayette.ca.us

All required paper work and fees must be received no less than 30 days before rental date. An approved permit will be issued upon receiving use fees and a completed application.

Today’s Date________________ Type of Use:__________________________________________

Name of Applicant (individual):______________________________________________________

Street Address:_____________________________________________________________________

Work Phone:_________________ Home Phone:__________________________________________

Cell Phone:_________________ Email:____________________________________________________

Organization’s Name (if applicable):____________________________________________________

Address:____________________________________________________________________________

Phone:_________________ Email:________________________________________________________

Treasurer’s Name:_____________ Treasurer’s Email: _________________________________

Detailed Description of Use Activities:
_________________________________________________________________________________

Total Attendees Per Day:________

Dates of Use:________________________________________________________

________________________________________________________

Is this your First Use? Y / N   Date of last Use: _______ Date of last RINK tour:_______

Renter is responsible for scheduling a RINK tour at least 7 days prior to use to ensure safety and prevent damage to the facility.

Hourly Fee (minimum 2 consecutive hours):       NonProfit: $50/hour  $55/hour

Private: $60/hour  $65/hour

Security Deposit       $200

INSURANCE REQUIREMENTS (✓) Appropriate Box)
( ) We can provide $1 million in general liability insurance naming the City of Lafayette as additionally insured. Attached is our “Proof of Insurance Certificate” issued by the insurance company.

( ) We cannot provide the City with adequate liability insurance and therefore we would like to request waivers be made for our use. We will request at least 30 days prior to use from the office and return all waivers to the office before the use.

JK: 5/30/2017
VENDOR INFORMATION
Please list any outside vendors, i.e., caterer, performer, etc., below:

Name: ___________________________ Contact Information: ___________________________

Note: No bounce houses or other inflatable play equipment, petting zoos or animals allowed.

AGREEMENT

In consideration of the City of Lafayette granting an applicant permission to use city facilities as indicated on this application, applicant agrees to:

1. Use the facilities as specified on the application.
2. The applicant must be 21 years or over.
3. All rental fees must be paid no later than 30 days prior to the event or your reservation will be cancelled.
4. Abide by all facility rules that govern the use of said facilities.
5. Tentative reservations are confirmed upon receipt of a $100 deposit non-refundable, proof of insurance and a completed rental application. The deposit will be credited to the final rental payment.
6. Notify the City of Lafayette of the use of any outside vendors, i.e. caterers, performers, etc. and list them on the application.
7. No alcoholic beverages are allowed.
8. Per City Ordinance 5-304, smoking is prohibited on all city-owned property, whether indoors or outdoors which includes the Lafayette Rink and Community Center Facility.
9. Noise levels may not exceed levels set by the City’s noise ordinance.
10. No skating in the halls or parking lots of the Community Center.
11. All trash must be removed from player benches, court, bleacher area and surrounding areas.
12. No gum or food of any kind allowed inside the multi-sport rink.
13. Appropriate athletic wear required.
14. Take responsibility for any damages to the facilities that occur during occupancy of specified facilities.
15. Compensate the City of Lafayette for all damages within five (5) days of notification by the City of cost of damages.
16. Defend and indemnify the City of Lafayette, its officers, agents and employees from any claim loss, damage, cost or expense that might arise out of, or be caused by, the use of city facilities by the applicant or applicant’s organization.

I hereby certify that I have read and understand the City of Lafayette’s policies and procedures for use of its facilities and agree they are made a part of the facility permit by reference and that I, all attendants, and the members of my organization, will abide by the same. I also certify that the information in this application is complete and accurate. I further agree that, failure to abide by the City’s rules and regulations will result in forfeiture of part or all of the security deposit.

Name (Please Print) ____________________________________________________________

Signature ___________________________ Date ____________________

JK: 5/30/2017