



## Facility Rental/Usage Request and Authorization

### Posse Grounds Park:

- Picnic Ramada, Ramada # \_\_\_\_\_  Multi-Use Field  Upper Softball Field  Lower Softball Field
- Recreation Room\*  Concession Stand  Teen Center\*  Basketball Court
- Tennis Courts  Sand Volleyball  Skate Park\*

### Sunset Park:

- Picnic Ramada, Ramada # \_\_\_\_\_  Grass Area  Tennis Court  Basketball Court

### Wetlands Preserve:

- Picnic Ramada, Ramada # \_\_\_\_\_

*\*Pre and post inspections are required. Inspections must be scheduled with Park Maintenance Staff. Please call: 203-5057\* If you fail to coordinate inspections, it could result in forfeiture of deposit/s.*

**Date/s Requested:** \_\_\_\_\_ **Hour/s:** From: \_\_\_\_\_  AM  PM **To:** \_\_\_\_\_  AM  PM

**Nature of Activities** \_\_\_\_\_ **#of Attendees:** \_\_\_\_\_

**Will there be amplified music or sound?**  YES  NO

(Sound should not exceed 60dba as measured from property boundaries or in general park area, per Sedona City Code. If sound regulations are in question, please contact our Code Enforcement Office at (928) 282-1154.)

Staking into City owned property, affixing signs and/or other decorations is not permitted without proper permission. If you need to obtain permission for one or more of these activities please inform the Parks & Recreation dept.

**Special Equipment or Needs:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_  
(Name of person who can be contacted on the day and at the time of the event)

**Contact Telephone Number:** \_\_\_\_\_ **Contact Email Address:** \_\_\_\_\_  
(This number should be reachable during the hours of the event)

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name of Responsible Organization:** \_\_\_\_\_

**Non-Profit ID Number, (if applicable):** \_\_\_\_\_

### HOLD HARMLESS AGREEMENT

I/we acknowledge that based on the nature of activities and/or event/s may be required to produce liability insurance and/or other documents governing such activities. I further acknowledge that I have been informed that my conduct, activity, event, or function, though held on City property, will not be covered under the City's liability insurance policy, unless harm is caused during "normal park use". I agree to hold harmless the City of Sedona for any and all claims that might arise from the activities performed. I have also been informed of TULIP (Tenant User Liability Policy) as an option for liability insurance.

Signature below acknowledges that the authorized representative has received, read and agrees to abide by all terms and conditions associated with this form.

\_\_\_\_\_  
Signature of Authorized Requesting Organization Representative

\_\_\_\_\_  
Date

[Once form is authorized, please maintain a copy for your records, as it may necessary to present to City Officials during the event.]

\*All deposits and user fees are payable in advance. If paying by check, please make payable to: **City of Sedona**. Deposits and usage fees are cashed or deposited upon receipt, but if applicable will be refunded following an inspection of the facility and/or return of equipment. Premises and equipment must be left and/or returned in the same or better condition than that in which they were found. Refunds will not be released if the facility and/or equipment are not returned in a clean and undamaged condition. Refunds for cancellations and/or inclement weather will be processed minus a 15% administrative processing fee. Cancellation must be received a minimum of 48 hours prior to event date.

**FACILITY RENTAL/USAGE REQUEST and AUTHORIZATION**

**FOR INTEROFFICE USE:**

Authorized by (Print Name): \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Form forwarded to:  Police Department  Code Enforcement Division  N/A for distribution  
**Notes:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR INTRAOFFICE USE:**

Date deposit fees received: \_\_\_\_\_ Amount of deposit fees: \$ \_\_\_\_\_  
Date usage fees received: \_\_\_\_\_ Amount of usage fees: \$ \_\_\_\_\_  
Date key deposit received: \_\_\_\_\_ Amount of deposit fee: \$ \_\_\_\_\_  
Does this request require liability insurance? Yes  No   
Date proof of insurance was provided: \_\_\_\_\_  
Date facility key was provided/signed out: \_\_\_\_\_  
 Added to shared/department calendar  
 Sign/s for posting provided to field staff  
 Copy of this authorized form provided to end-user via e-mail, fax or mail  
 Added to Facility Rental Revenue and Usage Reports  
  

**If user is renting the Skate Park, Teen Center or Recreation Room, pre and post inspections are required for deposit refund.**

Pre Inspection: Date \_\_\_\_\_ Results \_\_\_\_\_  
Post Inspection: Date \_\_\_\_\_ Results \_\_\_\_\_  
Date facility key was returned: \_\_\_\_\_  
Date equipment was returned: \_\_\_\_\_  
Date deposit fees were refunded: \_\_\_\_\_