

Checked Lomita Residency _____

Date Received _____

Staff Member _____

Time Received _____

**CITY OF LOMITA
DEPARTMENT OF PARKS & RECREATION**

24428 Eshelman Avenue, Lomita, CA 90717
Phone: 310-326-0140 Fax: 310-326-0690

Permit Number:

Application for Facility Reservation and Use Agreement

() East Picnic Shelter () Central Picnic Shelter () West Picnic Shelter

APPLICANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

GROUP OR ORGANIZATION: _____

EVENT INFORMATION:

Date: _____ Set up begins: _____ Event completed by: _____

PROPOSED USE OF FACILITY: _____

NUMBER OF GUESTS ATTENDANCE: _____ ***there is a 50-person capacity on all Picnic Shelters***

Will you be serving or catering food? If so, please list: _____

Will you be using any outside vendors? If so, please list (i.e. tables/chairs, balloonist, face painters etc.):

Please list all additional items that you will using during the event (i.e., pinatas, barbeques, EZ-ups):

AGREEMENT FOR USE

It is distinctly understood and agreed that the applicant assumes all risks for loss, damage, liability, injury cost or expense that may arise during or be caused in any way by such use or occupancy of the facilities of the City of Lomita and/or Parks and Recreation Department. The applicant further agrees that in consideration of being permitted to use said facilities, he, she or it will save or hold the City of Lomita and/or their employees free and harmless from any loss, claims, and liability or damages and/or injuries to persons or property that in any way may be caused by applicant's use or occupancy. I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant. My signature certifies that all information on this application is true, including the prohibition of alcohol. I understand that any misstatements or omissions of material fact herein may cause forfeiture of my deposits. Refundable deposits are refundable if there was no damage, all policies were followed, and the facility was left in good order. I hereby certify that I have read (or had interpreted), understand, and agree to abide by the attached reservation policies of the Parks and Recreation Department.

Applicant represents and warrants that use of the premises for subject activities will be in compliance with all local, county, and state laws, regulations, and guidelines, regarding COVID-19. A failure to comply with all applicable laws, regulations, and guidelines may result in the immediate termination of this permit, as well as subject Applicant to potential penalties, fines, fees, and criminal prosecution as authorized to the City under the law. Granting of this permit does not constitute an approval by the City that Applicant is complying all relevant COVID-19 laws, regulations, and guidelines. Applicant agrees to require all participants to review and execute the waiver attached as Exhibit "A."

Applicant's Signature: _____ Date: _____

ACKNOWLEDGEMENT OF GENERAL RULES AND GUIDELINES:

- All fees and/or deposits must be paid prior to use. Payments will not be accepted the day of event.
- Payment Options: **DEBIT or CREDIT CARD ONLY**
- **ALCOHOL and SMOKING are STRICTLY PROHIBITED** at all Park Facilities. Failure to cooperate will result in total loss of deposit.
- Canopies/EZ-ups larger than the standard 10'x10' will not be allowed. Any barrier or "wall-like" attachments are not allowed, as they create an obstruction of view.
- Jumpers, inflatables, obstacle courses and game trucks are not allowed.
- Vehicles may not enter the park at any time to drop off or pick up equipment.
- At any time, the City has the right to **CANCEL** this application, if the room's use is required for any City related event of program.
- This application becomes your permit for facility use upon authorized approval and payment of all fees and/or deposits

The signature below represents that I have read and agree to follow the general rules and guidelines listed above.

Applicant's Signature: _____ Date: _____

Office Use Only

Approved: () Denied () Date: _____

Director of Parks and Recreation: _____

Rental Fee: _____

Rental Deposit: _____

Supervision Charge: _____

TOTAL: _____ Fees Paid: _____ Date: _____

Deposits Refunded: _____ Date: _____

ALL FEES DUE BY: _____