

Athletic Field Reservation Application

Name of Applicant _____
(Please Print)

Name of Organization _____
(Please Print)

Tax Exempt ID Number _____

Address _____

City _____ County _____

Zip _____ Day Phone _____

Evening Phone _____ Fax Number _____

Name of Event _____

Name of Park & Field Requested _____

Date(s) of Event (Include day of week) _____

Time(s) (Include beginning & ending times) _____

Number of Spectators Anticipated _____

Describe Event _____

Lights needed? Yes No

Application Fee Included \$ _____

Field Use Fee Included \$ _____

~DO NOT WRITE IN THIS SPACE~

Approved If not approved, explain _____

Denied _____

Waiver of Liability

I, _____, office of _____
(Please Print) (Name of Organization/Group)

or organizer of this event (hereinafter "User"), have been authorized by said organization execute this agreement and have read and hereby agree to abide by the policies stated above. I also understand that failure to abide by these policies could result in the loss of the facility permit and that I may be personally liable as an office of the organization or organizer of this event.

Additionally, we agree to indemnify, save and hold harmless Fulton County and its Board of Commissioners, their officers, officials, agents, servants, employees, representatives, successors and assigns, of and from any and all costs, liability, damage and expense, by reason of any personal injury or death or by reason of damage to or loss of property, whether real or personal, which injury, death, damage or loss may directly or indirectly arise from participation in any event held on Fulton County Department of Parks & Recreation property.

I, _____ Officer/Agent of _____
"User" Name (Please Print) (Name of Organization/Group)

or organizer of this event, have been authorized by said organization to execute this agreement and have read and hereby agree to abide by the policies above. In addition, the "User" will assume liability for any damage to the field(s) while in its use. I also understand that failure to abide by these policies could result in loss of field permit(s), that, in addition to User's liability, I agree that I may be held personally responsible for any damages resulting from User's use of Fulton County fields, facilities and/or equipment.

The undersigned certifies that the information contained herein and in the reservation application is true and correct.

Name of Applicant("User") Please Print

Signature of Applicant ("User")

Date

County of _____ §
State of Georgia §

Sworn to and subscribed before me
This _____ day of _____,

(Affix Seal)

INVALID UNLESS NOTARIZED

NOTARY PUBLIC

My Commission Expires _____