



**CITY OF SANTEE COMMUNITY SERVICES DEPARTMENT  
OUTDOOR FACILITY APPLICATION AND WAIVER OF LIABILITY  
AND INDEMNITY AGREEMENT**

**Phone: (619)258-4100 ext 222 Fax: (619)258-4189  
Confirmation of Use is Subject to Scheduling Availability**

OFFICE USE ONLY  
Location: \_\_\_\_\_

**PARK LOCATION REQUESTED:** \_\_\_\_\_ Number or Tables (park use) \_\_\_\_\_

**Date/s of Use:** \_\_\_\_\_ **Event:** \_\_\_\_\_ **Alcohol?:** Y  N

Additional Apparatus (Bounce House, Petting Zoo, stage, etc...) Yes  No  Description \_\_\_\_\_  
(MUST USE CITY APPROVED VENDOR-LIST AVAILABLE IN THE OFFICE)

**Period of Use:**  one date only **Time:** \_\_\_\_\_ **to** \_\_\_\_\_  Weekly  Monthly  Season

**PURPOSE OF USE:**  League play/practice  Tournament  Party  other \_\_\_\_\_

**ATTENDANCE:** \_\_\_\_\_

**FIELDS:**

Field # \_\_\_\_\_  
Days of Use \_\_\_\_\_  
Write in Times \_\_\_\_\_

Mon	Tues	Wed	Thur	Fri	Sat	Sun

Field # \_\_\_\_\_  
Days of Use \_\_\_\_\_  
Write in Times \_\_\_\_\_

Mon	Tues	Wed	Thur	Fri	Sat	Sun

Field # \_\_\_\_\_  
Days of Use \_\_\_\_\_  
Write in Times \_\_\_\_\_

Mon	Tues	Wed	Thur	Fri	Sat	Sun

**Office Only: Fields closed following dates:** \_\_\_\_\_

**APPLICANT INFORMATION:**

Organization [if applicable]: \_\_\_\_\_

Name: \_\_\_\_\_ Phone [H]: \_\_\_\_\_ [W]: \_\_\_\_\_

Santee Resident  Non-Resident Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate Person to Contact: \_\_\_\_\_ Phone [H]: \_\_\_\_\_ [W]: \_\_\_\_\_

**METHOD OF PAYMENT**

**Credit Card**  VISA  MASTERCARD  CHECK  CASH

Exact Name on Card \_\_\_\_\_  
Card # \_\_\_\_\_  
V-Code \_\_\_\_\_ EXP Date \_\_\_\_\_  
Signature X \_\_\_\_\_

Payable to the CITY OF SANTEE (\$10 RETURNED CHECK FEE)  
WALK IN ONLY  
Mail to: Community Services Department  
City of Santee  
10601 Magnolia Ave. Bldg 6  
Santee, CA 92071

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT:** As lawful consideration for the above named individual/group being permitted to enter in or upon public facilities leased or owned by the City of Santee or by the Santee Community Development Commission on a reserved basis for the purpose named above, at the facility named above, I, the undersigned applicant, both individually and on behalf of the above-named group and its participants, agree to indemnify, defend and hold the City of Santee and the Santee Community Development Commission, their officers, employees and agents harmless and free from any liability of any nature arising out of, or related to, use of the public facility described above. This indemnification and Agreement to defend includes, but is not limited to, liability for damage or injury to any persons or property, costs and attorneys' fees arising out of or in connection with this use of public facility, regardless of whether the City or the Community Development Commission was actively or passively negligent, either solely or contributing in connection with such liability. I certify that I have received and read the rules governing the use of this facility. I, the undersigned, do hereby agree that we, myself, and the above-named group will abide by the rules governing use of the facility and will be responsible for any damages to the facility or equipment caused by the occupancy of the facility. I, the undersigned, understand and agree that I and the group's participants enter the public facility at our own risk. I have carefully read this Agreement and fully understand its contents. I am aware this is a release of liability and sign it of my own free will. I am authorized to sign this Agreement and am over 21 years of age.

**FIELD USE: SEE INSURANCE REQUIREMENTS ON BACK.**

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

1. **INSURANCE REQUIREMENT: The undersigned applicant, individual and/or group, shall provide Comprehensive General Liability Insurance** for bodily injury, (including death) and/or property damage resulting there from, suffered or alleged to be suffered by any person or persons whatsoever resulting from any act or activity of the applicant or any person acting for the applicant or under the applicant's control, direction or supervision. Such insurance shall be maintained in full force and effect during the entire term of this Agreement in an amount not less than one million dollars (\$1,000,000) combined single limit. (CSL) per occurrence, and at least two million (\$2,000,000) policy aggregate limits. Evidence of Coverage in the form of an original Certificate of Insurance and an Additional Insured Endorsement naming the City of Santee/Santee Community Development Commission, their Council Members, officers, directors, employees, agents and volunteers as additional insureds shall be submitted to City directly from the applicant's insurance carrier prior to use of City fields. The applicant's insurance carrier shall provide the City evidence of insurance on an annual basis when applicable, or when otherwise requested b City.
2. The undersigned applicant, individual and/or group agrees to make no modifications to the fields (other than normal game preparation) without City approval and proper permits.
3. The undersigned applicant, individual and/or group agrees to reimburse (or repair to the City's satisfaction) the City for damages to fields due to out use. Periodic inspections by the City will be made of all fields.
4. The undersigned applicant, individual and/or group agrees to reimburse the City for any electrical cost incurred by our use of lights.

**FOR OFFICE USE ONLY**

FIELD USE ONLY				
Date Received	Requested Facility Available			CLASSIFICATION
	Insurance		Expires:	Sports Council /League
	Rosters			City
				Santee Res/Business
				<b>Non Resident</b>
Rental Fee \$	Light Fee	Misc. Fees		Other
				Total Fees
				\$
Date Paid \$	Receipt #	Additional Details		

**AUTHORIZATION – CITY USE ONLY**

Field Scheduler Signature	Title:	Date:
Public Services Signature	Title:	Date:
Recreation Division Signature	Title:	Date: