

Businesses and instructors that wish to use City of Santee park property for classes, such as personal training, adult exercise/boot camps, sports coaching, lessons, and dog training are required to obtain a permit from the Community Services Department prior to operating.

A Park Use Permit is required if any of the below criteria apply:

- Activity is led by a coach or instructor (including 1:1 training/instruction).
- You are certified or are the designated leader of the activity.
- Participants pay a fee or register for activity (including donations or free activities).
- You are associated with a school, business or own a franchise (ie. Stroller Strides, personal training, etc.).
- Your activity has a goal such as learning a skill, improving fitness level, etc.
- You or your organization/business/group are non-Santee residents.
- You DO NOT need a designated/reserved space for your group but are still meeting in a city park.

Permits are park specific and permit holders may not interfere with regular public use of any park. A permit is not a reservation and does not guarantee exclusive use of park property, including fields, grass, picnic areas, courts, sidewalks, lighting or parking lots. The number of permits may be limited and restrictions may be placed on the times and locations available.

The permit fee is \$50 per month, is non-refundable and cannot be prorated or resold. Permits are issued in 3-month increments. Community Services has the authority to revoke any permit.

#### **Procedures to obtain a park use permit.**

1. Complete the Park Use Permit application (*see reverse side*).
2. Submit application to the Santee Community Services Department:  
Email: [csdfrontdesk@cityofsanteeca.gov](mailto:csdfrontdesk@cityofsanteeca.gov)  
Fax: (619) 258-4189  
Walk-in: Santee City Hall, Building 6, 10601 Magnolia Ave.
3. Your proposal will be reviewed and you will be contacted within 10 business days regarding approval. Permits are issued based on space availability and city policies and procedures. A liability insurance policy naming the City of Santee as an additional insured, a Santee business license and a Department of Justice background check may be required.

For additional questions, please contact Community Services at (619) 258-4100 ext. 222.



CITY OF SANTEE – COMMUNITY SERVICES DEPARTMENT

INSTRUCTORS AND BUSINESSES USING PARK PROPERTY PERMITTING APPLICATION

Email: csdfrontdesk@cityofsanteeca.gov | Phone: (619) 258-4100 x222 | Fax: (619) 258-4189

APPLICANT INFORMATION

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Education, Experience, & Qualifications: \_\_\_\_\_

Resume can be attached.

Park: \_\_\_\_\_ Program Type: \_\_\_\_\_

Location in Park: \_\_\_\_\_

Please be specific when referring to the location in the park and include an image or map of the desired area.

Number of Participants: \_\_\_\_\_ Participant Age Range: \_\_\_\_\_ Fee Charged per Participant: \$ \_\_\_\_\_

Participant Outcomes/Expectations: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Program End Date: \_\_\_\_\_

Table with 8 columns: Days (Monday-Sunday) and Times (Write in Time)

Program Format: One date only Weekly Monthly Other: \_\_\_\_\_

PAYMENT: Credit Card: VISA or MASTERCARD | Cash – Walk in only | Check – payable to City of Santee

Name on Card: \_\_\_\_\_

(\$10 RETURNED CHECK FEE)

Card #: \_\_\_\_\_

Mail to: Community Services Dept.

Exp Date: \_\_\_\_\_ V-Code: \_\_\_\_\_

City of Santee

10601 Magnolia Ave. Bldg. 6

Signature: \_\_\_\_\_

Santee CA, 92071

I, the undersigned, do hereby agree to participate and/or allow the participant(s) listed above to participate in the recreation program(s) indicated. I understand that recreation programs, by their very nature, can present circumstances that place the participant at some risk of injury. Among factors affecting potential for injury are the inherent risks of the activity and the participant's aptitude and intensity of involvement. I understand and agree that I am and/or the above-named participant(s) is/are entered into this program at my/their own risk. In consideration of the acceptance of this registration form for the activities listed, the participant(s) named on this form or his/her legal guardian, agrees as follows: I understand the nature and content of the activity(ies) listed and am aware of the potential dangers incidental to engaging in the program(s). COVID-19 is by its nature contagious, and I voluntarily assume the risk that the participants and I may be exposed to, or infected by COVID-19, by attending or participating in recreation program(s), and that such exposure or infection may result in personal injury, illness, permanent disability, or death. Knowing the risks involved, I nevertheless agree to release, indemnify, defend and hold the City of Santee, its officers, employees, agents, volunteers and independent contractors harmless and free from any and all liability of any nature resulting directly or indirectly from participation in the(se) program(s), including but not limited to liability for any and all demands, damages, claims, suits, liens and judgments, including costs and attorneys' fees, of whatever nature, or for injury or death of any person, damage to property, or interference with the use of property, arising from or in connection with participation in the program(s). I expressly waive and relinquish all rights and benefits afforded by Section 1542 of the California Civil Code, which provides as follows: "A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party." In the unlikely event of a serious injury, emergency medical providers will be directed to properly treat participant(s) and if needed, they will transport participant(s) to the hospital. Your signature below satisfies the following requirements: It authorizes staff to seek necessary medical attention for participant(s) in an emergency. It confirms the information on this form is correct to the best of your knowledge. I permit the City of Santee to use, publish and post, including but not limited to, on television (SanteeTV) and social media, photographs and/or videotapes of me and/or my children for purposes of presenting recreation activities to the community and to promote the recreation program to prospective clients and/or participants. I also give permission to release such photographs and/or videotapes to the news media in support of the program. I have carefully read this Indemnity, Release, Waiver and Assumption of Risk Agreement and fully understand its contents and understand that it shall be binding upon me, my heirs, successors and assigns. I am aware that this is a full release of liability and sign it of my own free will. THE CITY OF SANTEE DOES NOT HAVE OR PROVIDE MEDICAL OR ACCIDENTAL INSURANCE FOR PERSONS INVOLVED IN PROGRAMS SPONSORED BY THE CITY OF SANTEE

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_