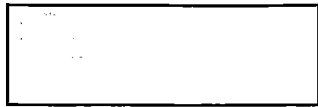




808 Valley Ave. NW
 Puyallup, WA 98371
 Office: (253) 841-5457
 Fax: (253) 770-3369



FACILITY RENTAL APPLICATION/AGREEMENT

Name or Group _____ Person in Charge _____
 Address _____ City _____ Zip _____
 Home Phone _____ Work Phone _____
 Alternate Contact _____ Phone _____
 Email Address _____

Rooms Requested _____

Check if: One Time Only Weekly Circle: Sun Mon Tues Wed Thur Fri Sat

Starting Date _____ Ending Date _____

Set-up _____ am/pm Use from _____ am/pm To _____ am/pm Clean up until _____ am/pm

City Equipment to be used by applicant: _____

Tables Required # _____ Chairs Required # _____

Type of activity _____

Number of people expected: Adult Youth What percentage are Puyallup residents? _____

Will items be available for sale? Yes No Describe _____

Proceeds to be used for what purpose? _____

Does applicant/organization carry Comprehensive Liability Insurance? Yes No

Amount \$ _____ Insurance Co. Name _____ Policy _____

The undersigned hereby applies to the City of Puyallup for use of the above facilities and certifies the information is correct and furthermore agrees to abide by all ordinances, policies, and rules and regulations which may apply. The applicant shall indemnify and hold harmless the City of Puyallup, its elected and appointed officials, its employees and agents from and against any and all claims, demands, suits, actions, payments and judgements as a result of injury or death of any person or property damage to any property sustained by applicant or any other persons which arise from or in any manner grow out of any act or omission on or about said facility by applicant, its agents, guests, or employees, in the execution of this rental agreement including any and all expenses, legal or otherwise incurred by the city or its representatives in the defense of any suit or claim. Such indemnity shall not include claims arising as a result of the sole negligence of the City of Puyallup its elected and appointed officials, its employees and agents.

Signed By _____ Title _____ Date _____

OFFICE USE ONLY:

Damage Deposit \$150.00 _____

Date application received _____ By _____ Amount Paid _____ Receipt # _____

Approved By _____ Date _____

ROUTING: Parks/Custodians _____ Police _____ Other _____

WHITE - Office Copy YELLOW - Recreation Manager PINK - Customer Copy