

ARLINGTON COUNTY DEPARTMENT OF PARKS, RECREATION AND CULTURAL RESOURCES  
2100 Clarendon Boulevard, Suite 414  
Arlington, VA 22201

### APPLICATION FOR USE OF FACILITES

Please fill out information required

1. NAME OF FACILITY REQUESTED \_\_\_\_\_

2. REQUESTED BY \_\_\_\_\_ INDIVIDUAL (NAME) \_\_\_\_\_

\_\_\_\_\_ ORGANIZATION NAME) \_\_\_\_\_

NAME & TITLE OF REPRESENTATIVE \_\_\_\_\_

3. ADDRESS/CITY/STATE/ZIP \_\_\_\_\_

4. PHONE NUMBERS - DAY \_\_\_\_\_ EVENING \_\_\_\_\_

5. NAME OF PERSON IN CHARGE (WHO WILL BE PRESENT) \_\_\_\_\_ PHONE \_\_\_\_\_

6. TYPE OF ACTIVITY \_\_\_\_\_ ATTENDEES: YOUTH \_\_\_\_\_ ADULT \_\_\_\_\_

AMOUNT OF SPACE/SPECIAL NEEDS OR EQUIPMENT \_\_\_\_\_

7. DAY/DATE OF EVENT \_\_\_\_\_ TIME (INCLU. SET UP & CLEAN UP) \_\_\_\_\_

8. DO YOU HAVE LIABILITY INSURANCE TO COVER THIS ACTIVITY? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, NAME OF CARRIER \_\_\_\_\_ AMOUNT OF COVERAGE \_\_\_\_\_

Indemnification of County. User agrees that County will not be responsible for any loss, injury, or damage to persons or property which at any time may be suffered or sustained by lessee or by any person whosoever may at anytime be using or occupying or visiting the premises or be in, on or about the same, whether such loss, injury, death or damage is caused by or in any way results from or arises out of any act, omission or negligence of user or of any occupant, visitor or user of any portions of the premises, or results from or is caused by any other matter or thing whether the same kind as or of a different kind than the matters or things above set forth. User covenants to save, defend, hold harmless and indemnify the County and all of its agents and employees from and against any and all claims, loss, damage, injury, cost (including court costs and attorney's fees) charge, liability or exposure, however caused, resulting from, arising out of or in any way connected with user occupation and use of the premises.

9. SIGNATURE OF REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**TO BE FILLED OUT BY DEPARTMENT /FACILITY COORDINATOR**

10. CHECKLIST:  
\_\_\_\_\_ INSURANCE VERIFIED \_\_\_\_\_ DEPOSIT RECEIVED \$ \_\_\_\_\_ STAFF RECEIVING DEPOSIT \_\_\_\_\_

11. FEES AND CHARGES  
FEE CHARGED FOR ROOM \_\_\_\_\_ HRS. @ \_\_\_\_\_ PER HOUR \$ \_\_\_\_\_  
FEE FOR GYM OR MULIPURPOSE ROOM: \_\_\_\_\_ HRS. @ \_\_\_\_\_ PER HOUR \$ \_\_\_\_\_  
CUSTODIAL CHARGES: \_\_\_\_\_ HRS. @ \_\_\_\_\_ PER HOUR \$ \_\_\_\_\_  
OTHER CHARGES APPLIED \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL FEES DUE: \_\_\_\_\_

12. APPROVAL \_\_\_\_\_ ROOM AVAILABLE \_\_\_\_\_ STAFF AVAILABLE \_\_\_\_\_ STAFF ASSIGNED: \_\_\_\_\_

NAME OF PROCR STAFF \_\_\_\_\_ #/HRS. \_\_\_\_\_

NAME OF OSS \_\_\_\_\_

CUSTODIAN \_\_\_\_\_ #/HRS. \_\_\_\_\_

FACILITY MANAGER \_\_\_\_\_ YES \_\_\_\_\_ NO SIGNATURE / DATE \_\_\_\_\_

DIVISION CHIEF \_\_\_\_\_ YES \_\_\_\_\_ NO SIGNATURE / DATE \_\_\_\_\_

REASON FOR DISAPPROVAL: \_\_\_\_\_

STAFF HANDLING APPLICATION \_\_\_\_\_ GROUP NOTIFIED OF ACTION  
(DATE) \_\_\_\_\_

SECURITY DEPOSIT RETURNED \_\_\_\_\_ YES (DATE) \_\_\_\_\_ NO (REASON) \_\_\_\_\_



### HOLD HARMLESS AGREEMENT

The User understands and acknowledges that the County may require users with the County to secure certain insurance coverage evidenced by a certificate of insurance.

The User, for himself, his heirs, representatives, successors and assigns, in consideration of the use of the County facility by the User, and in consideration of the County's agreement not to require the User to secure the insurance coverage customarily required of users with the County, covenants with the County and the County's successors, representatives and assigns, as follows:

1. The User covenants to save, defend, hold harmless, and indemnify the County, and all of its elected and appointed officials, officers, employees, agents, departments, agencies, boards, and commissions (collectively the "County") from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney's fees), charges, liability, or exposure, however caused, resulting from, arising out of, or in any way connected with the User's intentional, negligent, or grossly negligent acts or omissions in use of the County facility. This indemnification shall survive the termination of this agreement.

2. The terms of this Hold Harmless Agreement shall continue in full force and effect until such time as the County determines that the covenants described in paragraph 1, above, shall no longer be necessary.

3. In executing this Exhibit, the User represents and warrants that the User has completely read, fully understood, and voluntarily accepted its terms and has executed it expressly to make the covenants in favor of the County described in Paragraph 1, above. In executing this Exhibit, the User expressly reserves any and all rights that the User may have against any person, firm or corporation other than the County, its successors, representatives and assigns.

User NAME (PRINT):

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AUTHORIZED SIGNATURE:

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PRINTED NAME AND TITLE:

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DATE:

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