CITY OF SANTEE
COMMUNITY SERVICES DEPARTMENT
USE OF CITY FACILITY: APPLICATION AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT
Payment of Deposit Must Accompany Application / Confirmation of Use Is Subject To Scheduling Availability
Email: csdfrontdesk@cityofsanteeca.gov PHONE: (619)-258-4100 x222 FAX: (619)-258-4189

APPLICANT:
Name:_____ Phone [Day]:_____ [Eve]:_____ Email: _____

Address: _____ City:_____ Zip:_____ Type: [ ]Santee Service Organization or Public Agency

Alternate Person to Contact:_____Phone [Day]:_____ [Eve]:_____ [ ] Santee Resident or Business

Representing Organization [if applicable]:_____ [ ] Non-Resident or Business

FACILITY REQUESTED:
[ ] Civic Building #7 Activity Hall
[ ] Civic Building #8A Activity Room
[ ] Civic Building #8P Presentation Hall
[ ] Teen Center @ Big Rock Park

DESCRIPTION OF ACTIVITY:
Purpose_____ Attendance: # Adults: _____ # Minors [under 18]:_____
Is alcohol being served? [Y or N] ___ Will food be served? [Y or N] ___If so, please describe: _____
Will a sound system be used? [Y or N] ___ If so, please describe: _____

Based on attendance, room rental will include tables and chairs to accommodate your group. Additional equipment below is available for rent.

Item: Qty:	Item:	Qty:	Item:	Qty:	Item:	Qty:	Item:	Qty:
Mark Equipment Desired	Table, round (5.5' diam)	____	Belly Bar Table	____	Podium	____	TV / HDMI 40" for presentations- computer not incl.	____
	Table, rect. (3'x8')	____	TV	____	Dance Floor (12'x12')	____		
	Chairs	____	Coffee Urn [60 cup]	____	Dry Erase Easel (2'x3')	____	_____	____
	Bistro Set (table+2 chairs)	____	Flags (U.S. and state)	____	_____	____	_____	____

DATES AND TIMES DESIRED: Including set-up & takedown

1st Choice:
Date(s): _____ Time:____ am/pm to _____am/pm
[ ] One Time: Day of the Week:_____
[ ] Weekly: Day(s) of the Week:_____
[ ] Monthly:1st__ 2nd__ 3rd__ 4th__ / S__ M__ T__ W__ Th__ F__ S__

2nd Choice:
Date(s): _____ Time: _____am/pm to _____am/pm
[ ] One Time: Day of the Week:_____
[ ] Weekly: Day(s) of the Week:_____
[ ] Monthly:1st__ 2nd__ 3rd__ 4th__ / S__ M__ T__ W__ Th__ F__ S__

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, I, 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.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

APPLICATION / DEPOSIT OF $300.00 TYPE: _____ **TAKEN BY STAFF:** _____
Facility damages, overtime charges or excess clean-up may result in forfeiture of deposit and/or additional charges.

Credit Card *PLEASE PRINT*
EXACT NAME ON CARD_____
Card # _____
Expiration Date _____V-Code_____
Signature X _____