

# City of Myrtle Creek

## City Parks Department

207 NW Pleasant St., Myrtle Creek, Oregon 97457  
Phone (541) 863-3171 Fax (541) 863-6851



### FIELD RESERVATION PERMIT APPLICATION (Please submit 30 days prior to event)

Name of Event & Sponsoring Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Date(s) and Time(s) of Event: (Attach field practice times to form and game dates if played on the same field)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach team roster (Fee: \$5.00/player up to \$10.00/family)

Type of Event Activities: (Softball, Hardball, Soccer, etc.)

\_\_\_\_\_

(Please attach rules governing the event)

Location of Field (Attach site drawing)

*Please note which park is being used. Examples: Millsite Park, Evergreen Park or Creekside Memorial Park*

**\*No parking within Millsite RV Park boundaries.**

#### **AGREEMENT OF INDEMNIFICATION AND INSURANCE**

\_\_\_\_\_ agrees to defend, save and hold harmless the City of Myrtle Creek, its officers, agents and employees from all claims, suits, or actions of whatsoever nature resulting from or arising out of the activities of the \_\_\_\_\_, its officers, agents and employees acting within the scope of this permit or the duties in the performance of this agreement.

\_\_\_\_\_ agrees to maintain liability insurance coverage of not less than \$1,000,000 per occurrence for commercial general liability and automobile liability, to cover any liability arising out of or associated with this event, and agrees to name the City of Myrtle Creek, its officers, agents and employees as an additional insured on such policy with a copy of the endorsement attached to the certificate of insurance.

\_\_\_\_\_ further agrees to provide the City of Myrtle Creek with a certificate of liability insurance including additional insured endorsement not less than two weeks prior to the scheduled event and shall amend the notification for cancellation of coverage to 30 days. If

\_\_\_\_\_ fails to provide the certificate of insurance and endorsements within the time required herein, this Special Event Permit will automatically be revoked.

\_\_\_\_\_  
Signature of Authorized Agent/Date

\_\_\_\_\_  
Printed Name of Authorized Agent