



FIELD & FACILITY RESERVATION APPLICATION

CITY OF RIALTO
Community Services Department
 Office: 214 N. Palm Ave. Rialto, CA 92376
 Phone (909) 421-4949 www.yourrialto.com

GENERAL INFORMATION *Proof of 501(c)3 required

Purpose of Event/Activity:	Location (Address/Field) requested:	
Organization Name:	Telephone:	
Mailing Address:		
Billing Address (if different from above mailing):		
Representative Name:	Representative Telephone:	
Representative Email:		
Will Admission fees be collected?		
Proceeds will be used for what purpose?		

I declare, under penalty of perjury, that the information on this application is true and correct to the best of my knowledge. I further understand that knowingly providing any false information is cause for the immediate denial of a Facility Permit or its suspension/revocation if one has been issued. I hereby state that I am aware that it is my responsibility to attempt to maintain order at said event, and will provide such personnel as may be required and approved by the City.

Signature of Applicant: _____ Date Signed: _____

DATE(S)/TIMES INFORMATION

Set-up Date(s):	Time(s):	Tear-down Date(s):	Time(s):
Date(s) of Activity: From:		To:	
MON TUE WED THU FRI SAT SUN		Reoccurring:	
Other:			

PARK FIELD

Parks and Locations

- Rialto Community Center Classroom(s)*
- Carl Johnson Center Gym*
- Frances Brooks Conference Center*
- Andreson Park
- Roger Birdsell Park
- Ferguson Park
- Flores Park
- Warren Frisbie Park
- Jerry Eaves Park
- Bud Bender Park
- Margaret Todd Park/Skate Park
- Grace Vargas Senior Center*
- Fitness and Aquatic Center*

Personnel Services

Personnel services which are required or mandated by City of Rialto Community Services Department will be charged at the staff service rate listed in the "Facility Reservation Rules and Regulations Guide". Contact the Community Services Department for more information.

- Custodian(s)-staff to be determined by City of Rialto
- Grounds personnel-staff to be determined by City of Rialto
- Safety/Security Officer-staff to be determined by City of Rialto
- Scoreboard Technician(s)- For use of stadium/gym
- Lifeguard(s)
- Non-residential Lighting
- Residential lighting

(*) Indicates mandatory staffing required

Equipment Requested

- Podium (Qty:__)and microphone (Qty:__)
- Tables (include setting up) (Qty:__)
- Chairs (Qty:__)
- Other: _____ (if available)

ACTION

Approved By:	Denied By:
Comments:	Comments:

Permit Number:	Application Date:	Received By:	Receipt No:	Fee(s) Paid:	Fee(s) Due:
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RIGHTS AND RESPONSIBILITIES

<p>_____</p> <p>Initial</p>	<p>CERTIFICATE OF LIABILITY INSURANCE REQUIRED. All non-district entities which charge or volunteer their services must provide proof of liability insurance. See "Facility Reservation Rules and Regulations Guide" for details.</p>
<p>_____</p> <p>Initial</p>	<p>CANCELLATION: If Safety/Security is required to open the sight premises for your event, you must contact them at (909) 421-4949 at least twenty-four (24) hours before you cancel a scheduled event. See "Facility Reservation Rules and Regulations Guide" for additional cancellation policy details.</p>
<p>_____</p> <p>Initial</p>	<p>I have read, understand, and agree to the terms set forth in the "Facility Reservation Rules and Regulations Guide". I understand the gate keys will only be issued to the Organization's authorized representative(s). If keys are lost or need to be re-issued a fee may need to be assessed.</p>
<p>_____</p> <p>Initial</p>	<p>HOLD HARMLESS: I, the undersigned, and the above named Organization agree to indemnify, defend (with counsel acceptable to City), and hold harmless the City, its elected and appointed officers, agents, and employees, from any and all claims asserted or liability established for damages or injuries to any person or property, that arise out of or are in any manner directly or indirectly connected with my use of City facilities or participation in activities, and all expenses of investigating and defending against the same, including any claims or liability arising from the active negligence of the City, its officers, agents, or employees, unless otherwise prohibited by law. I, the undersigned, represent and warrant that I have the authority to bind the above named Organization to the terms of this indemnity, and that I and the Organization shall be jointly and severally liable for all claims or liability arising as a result of this obligation to indemnify.</p>
<p>_____</p> <p>Initial</p>	<p>STATEMENT OF INFORMATION: The undersigned states that, to the best of his/her knowledge, the City property for use of which application is hereby made will not be used for the commission of any said act intended to further any program or movement of the purpose of which is to accomplish the overthrow of the Government of the United States by force, violence, or other unlawful means: That the organization/individual on whose behalf he/she is making application for use of City property does not, to the best of his/her knowledge, advocate the overthrow the Government of the United States or the State of California by force, violence or other unlawful means. The statement is made under the penalties of perjury.</p>
<p>_____</p> <p>Initial</p>	<p>ONLY those facilities and/or items on this form will be made available on the day(s) of your event. City staff (Security Officers, custodians, etc) are NOT authorized to provide access to any facilities that are not approved IN WRITING by the Community Services Department.</p>

ITEMS NOT AVAILABLE

- | | |
|--|---|
| <ul style="list-style-type: none"> ✓ Athletic Equipment ✓ Food supplies ✓ City vehicles ✓ Golf carts ✓ Weight room ✓ Tablecloths | <ul style="list-style-type: none"> ✓ Two-way radios ✓ Laptops/Computers ✓ LCD projectors ✓ Extension cords ✓ Restrooms for outdoor events other than stadium |
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By signing below, I understand that this request is subject to approval and is not a confirmation of availability of the requested facility. Furthermore, I agree to all conditions, rules and regulations as set forth by the City of Rialto and the Community Services department.

Print Name: _____ Signature: _____ Date: _____