



# ATHLETIC FIELD APPLICATION & AGREEMENT

Please use this application to submit your request to rent a field from the City of Redlands Recreation Division. In order to reserve a field, application must be submitted with paid deposit in a minimum of two weeks prior to the first date of use listed on the application.

*Submission of this application does not guarantee rental of facility*

## RESERVATION INFORMATION

Nature of Rental: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

Continuous Reservation: Please submit a list of all Dates and Times with this application

Time: 4:30 p.m.-5:30 p.m.

One-time Use Reservation:

5:45 p.m.-6:45p.m.

Reservation Date(s): \_\_\_\_\_

7:00 p.m.-8:00p.m.

### Athletic Fields:

Texonia Park	Community Park		Brookside Park
<input type="checkbox"/> Texonia North	<input type="checkbox"/> Ballfield 1	<input type="checkbox"/> Ballfield 5	<input type="checkbox"/> Brookside East
<input type="checkbox"/> Texonia South	<input type="checkbox"/> Ballfield 2	<input type="checkbox"/> Ballfield 6	<input type="checkbox"/> Brookside West
	<input type="checkbox"/> Ballfield 3	<input type="checkbox"/> Ballfield 7	<input type="checkbox"/> Full Field
	<input type="checkbox"/> Ballfield 4		

## CONTACT INFORMATION

Applicant's Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

## FEE INFORMATION

**Field Use: \$21.00 per hour, per field    Field Light Usage: \$32.00 per hour, per field**

Miscellaneous: A Staff Call-Out Fee of \$43.00 per hour shall be assessed when city staff is called to a field for any of the following reasons: confirm field reservations, turn lighting on/off, clean garbage/debris left by users, resolve complaints and/make repairs resulting from abuse by user.

## INSURANCE

**Insurance Information:** Before a rental can be confirmed, all applicants must secure the minimum insurance coverage described below, and such insurance shall be primary with respect to any insurance or self-insurance programs maintained by the City. Certificates with endorsements evidencing such coverage must be provided to the City. Please contact the City of Redlands Human Resources Department/Risk Management with any questions regarding this insurance provision or to procure such insurance from the City of Redlands at (909) 798-7514.

*Worker's Compensation and Employer's Liability* insurance in the amount that meets the statutory requirement shall be in force with an insurance carrier acceptable to the City.

*Comprehensive Commercial General Liability* insurance in the amount of one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) aggregate shall be in force with an insurance carrier acceptable to the City and **name the City as additional insured**. Please note that Three million dollars (\$3,000,000) aggregate for projects with greater exposure.

Applicant hereby acknowledges that he/she understands, and will comply with all rules pertaining to use of the City of Redlands' Athletic Field facilities. Applicant hereby assumes all responsibility to leave the facility in as neat and clean condition as found. No alcohol is to be provided or served on City of Redlands premises. All payments and deposits are due, in full, two weeks prior to the event date in order to secure the reservation. All cancellations must be made 14 days in advance of the reservation date. All refunds, except for the security deposit, shall be subject to a ten percent (10%) administrative fee. Applicant agrees to defend, hold harmless and indemnify the City of Redlands from any and all liability, except for that liability arising as a result of the sole negligence of the City, for the injury to persons or property occurring as a result of this activity and agrees to be liable to said City for any and all damages to any field, equipment and/or property owned or controlled to the City, which results from the activity of applicant for is caused by a participant in said activity. Applicant acknowledges that this reservation is subject to immediate cancellation by a County Health Official, any Police Officer, or an agent of the City of Redlands upon determination of a violation of the Redlands Municipal Code, County Health Orders, or in times of declared emergencies. I/We agree to abide by and enforce the rules and regulations of the City of Redlands and verify that I/We have read the above rules and regulations.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please Return Signed Application to:  
Redlands Recreation Division**

**P.O. Box 3005, Redlands, CA 92373**

### Office Use Only:

Permit Number: \_\_\_\_\_ Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_ Deposit Receipt: \_\_\_\_\_ Fees Due: \_\_\_\_\_

Accepted  Denied    Program Specialist: \_\_\_\_\_