

City of Campbell Skate Park Rental Application

Type of Use: Party _____ Other (Specify): _____

Day(s)/Date(s) of Use _____

Time _____ AM/PM to _____ AM/PM Number of Participants _____

EVENT NAME _____

NAME _____

DAY PHONE # _____

MAILING ADDRESS _____

EVE. PHONE # _____

CITY/STATE/ZIP _____

CELL PHONE # _____

EMAIL _____

ALTERNATE CONTACT _____

DAY PHONE # _____

EVE. PHONE # _____

CELL PHONE # _____

Items to Remember:

- _____ Liability Release forms for all participants are due prior to use (may be turned in on use date).
- _____ All participants must bring their own safety equipment and skates or skateboard

LIABILITY RELEASE

NOTICE: THIS IS A LEGAL DOCUMENT WHICH LIMITS OUR LIABILITY. PLEASE READ CAREFULLY! BY SIGNING THIS DOCUMENT YOU STATE THAT: 1) YOU ASSUME ALL RISK OF INJURIES FROM PARTICIPATION IN THIS ACTIVITY; AND 2) YOU RELEASE THE CITY OF CAMPBELL, ITS OFFICERS, EMPLOYEES, AND AGENTS FROM ALL LIABILITY ARISING OUT OF YOUR PARTICIPATION IN THIS ACTIVITY.

I. ASSUMPTION OF RISK: As representative of the organization/party indicated above, I/we agree to expressly assume the risk of all liability for accidents, injury, loss and/or damage to my/our persons or property that may arise out of my/our presence at or participation in the above-named activity/facility.

II. RELEASE OF LIABILITY: In consideration for the opportunity to make use of this facility and the service provided by the City of Campbell, we (on behalf of ourselves, our heirs, assigns and legal representatives) release the City of Campbell, the Campbell Redevelopment Agency, their officers, employees, and agents from any liability whatsoever arising out of our participation in or presence at the above described activity. We expressly absolve the City of Campbell, the Campbell Redevelopment Agency, their officers, employees and agents of liability for any negligence on their part, unless they are the sole negligent parties.

Signature of Applicant

Date

FOR OFFICE USE ONLY

FEES DUE:

Application fee: _____ \$ 25
 Park Use Fee _____ \$ ____ /hr x ____ hours
 Add'l Staff Fee _____ \$ 25/hr x ____ hours

TOTAL DUE: \$ _____

Checks must be made payable to CITY OF CAMPBELL