

Application for Event on City Property

General Information

Organization:

Name of Event: Date of Event:

If Public Event Please attach Promotional Flyer

Location:

Expected/Estimated Attendance:

Expected Origins of Participants: - Washington - Wilkes County - Adjacent Counties -

Circle all that Apply - Georgia - United States - International -

Contact Information

Name:

E-Mail: Phone Number:

Address:

Time-line Information

Event Set up Beginning:

Date: Time:

Event Start Time: Event End Time:

Event Breakdown & Cleaning:

Date: Time:

Will City of Washington Electricity be Requested? Yes No

Street Closure Information:

Street: Closure Time: until

Street: Closure Time: until

Street: Closure Time: until

Street: Closure Time: until

Street: Closure Time: until

Street: Closure Time: until

Street: Closure Time: until

Have you met with the Sheriff's Department about your event?

.....
Signature of City Official

.....
Date of Meeting

Have you met with the Emergency Services Director about your event?

.....
Signature of City Official

.....
Date of Meeting

Have you met with the Fire Chief about your event?

.....
Signature of City Official

.....
Date of Meeting

Acknowledgment of Waiver of Liability Agreement

I, _____, acknowledge that I have the authority to execute the attached Waiver of Liability Form.

I, _____, hereby agree to remove all trash/litter/debris at the end to the event.

***Failure to hold/conduct the requested event will result in future event requests being prohibited.*
Cancellation due to weather conditions shall not be an issue.**

.....
Signature of Applicant

.....
Date of Application

.....
Time of Application

.....
Signature of City Official

.....
Date of Receipt

.....
Time of Receipt

Please return this completed Event Application Form Via:

Mail to:
City of Washington
Attention: Sherri Bailey
P. O. Box 9
102 E. Liberty Street, GA 30673
Cc. Washington City Clerk

Email to:
sbailey@washingtongwilkes.org

RELEASE, ACKNOWLEDGEMENT AND ACCEPTANCE OF LIABILITY
BY ORGANIZATION

(This document affects your legal rights. Read it carefully)

Name of Organization: Date:

Address of Organization:

Name of Person Signing:

Position/Title:

Address:

Phone Number:

Where Event/ Activity Will be Held:

Date/Time of Event/ Activity: Date/Time for Set-Up:

In order to hold the above described event/activity on the above named public property, the above named Organization and/or above named person **agrees to defend, hold harmless and pay on behalf of the City of Washington, its employees, agents and contractors, any demands, claims or suits arising out of the above named event/activity.** I acknowledge that this is not an essential service provided by the City of Washington.

I understand and acknowledge that the event/activity described above involves risks to those involved and/or participating. I understand that these risks known or unknown, anticipated or unanticipated may result in injury, death, illness, disease or damage to those involved and/or participating and to their property, or to other persons or their property.

I understand that the organization and/or the above named individual is/are responsible for assuring adequate parking is provided for participants, spectators and workers.

I understand that the organization and/or the above named person shall be responsible for the removal of all debris, litter, trash, etc., upon completion of the event/activity.

I understand that a copy of the permit for this event shall be kept on site throughout the event and shall be available for inspection.

I have authority to bind and enter into this Agreement on behalf of the above named Organization; and I understand that entering into and signing this agreement affects the legal rights and obligations of the Organization named above, and I have authority to do so on behalf of the above named Organization. I accept this and sign this agreement of my own free will. My signature indicates that I have read this entire document, understand it completely, acknowledge that it cannot be modified or changed in any way by oral representations, and agree to be bound by its terms.

Signature: Date:

Position/Title: