



MOSQUITO FIRE PROTECTION DISTRICT
8801 ROCKCREEK RD, PLACERVILLE, CA 95667

APPLICATION AND AGREEMENT FOR USE OF FACILITY
(Application must be submitted 30 days prior to event.)

Applicant: _____

Address: _____

Facility Requested: _____

Purpose or Type of Use: _____

Date(s) Requested: From: _____ To: _____

Will alcohol be served? [] YES [] NO

Estimated Attendance: _____

ABCLicense No.: _____

Will Food be Served? [] YES [] NO

If yes, is the event: [] Self-Catered [] Professionally

CONDITIONS FOR USE OF FACILITY

- 1. Applicant is solely responsible for supervising all individuals at the Facility and adjoining property during the event. MFPD is not responsible for providing this supervision. However, MFPD may evict individuals from the Facility during the event if their conduct is not in the best interest of the public or is deemed to be detrimental in any way.
2. Alcoholic beverages are not permitted without prior approval and evidence of insurance. Liquor is not allowed at youth functions. If liquor is present at a function without authorization, the event will be stopped, and no refund will be given.
3. Use is confined to the area(s) named in the approved application, with appropriate corridor and lavatory facilities.
4. Renter shall not store any equipment or materials at the Facility or adjoining property without the prior written approval of the MOSQUITO FIRE PROTECTION DISTRICT CHIEF or his/her designee.
5. Applicant shall be responsible for all damage to the Facility and/or its contents during use. In the event damage occurs or excessive cleaning is necessary, Applicant shall be charged for any janitorial and/or repair fees incurred by MFPD.
6. Reservation is tentative until Application and Agreement for Use of Facility form is properly completed. This cannot occur until insurance certificate and endorsement are provided and application form is approved by the authorized official.
7. Any gathering considered dangerous, a disturbance of the peace or endangering public property is subject to closure.
8. With due notice, reservations may be cancelled if the facility is needed for MFPD business or Recreation Division activities.
9. The MFPD at its sole discretion, may require a certain number of security officers for the event. Renter shall be responsible for procuring and paying for security officers through the Mosquito Fire Protection District or a private security agency.

INSURANCE REQUIREMENTS: The applicant shall provide and maintain general liability insurance with minimum limits of \$1,000,000 per occurrence for bodily injury, personal injury and property damage. If alcoholic beverages are served, liquor liability in the amount of \$1,000,000 per occurrence is required. General liability and liquor liability shall be endorsed naming MFPD, its officers, agents, employees and volunteers as additional insureds. The insurance provided to MFPD as an additional insured shall be primary to, and non-contributory with any insurance or self-insurance program maintained by MFPD. Use of facility may be denied if satisfactory proof of the required insurance is not timely received prior to the event.

INDEMNITY AND HOLD HARMLESS: Except for MFPD's sole negligence or willful misconduct, Applicant shall defend, indemnify and hold harmless MFPD from and against any and all claims which actually or allegedly arise out of or are related to Applicant's use or occupancy of the Premises, or which actually or allegedly arise out of or are related to the conduct of Applicant's business or which actually or allegedly arise out of or are related to any activity, work or things done or permitted by Applicant, or its employees, contractors or agents, in or about the Premises and shall further indemnify and hold harmless MFPD from and against all costs, attorney's fees, expenses and liabilities incurred in the defense of any such claim or any action or proceeding brought thereon. MFPD shall not be liable to Applicant for any damage to Applicant's property from any cause, and Applicant waives all claims against MFPD for damage to person or property arising for any reason

I have read the rules and regulations relating to use of facilities and accept responsibility for meeting the requirements stated herein.

AUTHORIZED SIGNATURE OF APPLICANT: _____ DATE: _____

RISK MANAGEMENT DEPARTMENT TO COMPLETE

INSURANCE CERTIFICATE/ENDORSEMENT RECEIVED? [] YES [] NO

Approved by: _____ Date: _____