

**\*Before completing this form, download and save to your computer**



City of Lynchburg  
Parks and Recreation Department  
301 Grove Street  
Lynchburg, VA 24501  
www.LynchburgParksAndRec.com  
(434) 455-5858

**OFFICE USE ONLY**

Permit No. \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Event Site: \_\_\_\_\_  
Event Date: \_\_\_\_\_  
Application Fee (\$25.00) \_\_\_\_\_  
City staff member x #hours x \$25 = \_\_\_\_\_  
Receipt No.: \_\_\_\_\_

## FACILITY AND PARK USE PERMIT – EXPANDED USE

Name of Applicant: \_\_\_\_\_ Day Phone No: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Are you a City of Lynchburg Resident?  Yes  No Email: \_\_\_\_\_

Is another individual, organization, or business sponsoring this activity?  Yes  No  IF YES, THEN COMPLETE INFORMATION BELOW

Name of Sponsoring individual(s), organization(s), or business(es):  
\_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

### Have You Completed the Preliminary Facility and Park Use Questionnaire?

Yes  IF YES, PLEASE ATTACH  No  IF NO, COMPLETE QUESTIONNAIRE BEFORE CONTINUING

Date of proposed Activity/Event: \_\_\_\_\_

Day of the Week:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Hours of Proposed Activity/Event: \_\_\_\_\_ to: \_\_\_\_\_

Site of Proposed Activity:  PLEASE CHECK THE APPROPRIATE BOX BELOW (OR COMPLETE THE "OTHER" BLANK)

- Blackwater Creek Athletic Area, at 515 Monticello Ave.
- Blackwater Creek Natural Area at 515 Monticello Ave.
- Bluffwalk Event Area
- Bluffwalk Pergola (how many \_\_\_\_\_)
- Bluffwalk Trellis Area
- City Armory, at 1219 Main Street (upper level-entrance @ 12<sup>th</sup> & Church St.).
- Community Market Square, at 1219 Main St.
- James River Heritage Trail (Blackwater Creek Bikeway & RiverWalk)
- Jefferson Park Community Center & Park, at 315 Chambers St.
- Lynchburg City Stadium (Baseball) at 3176 Fort Avenue (additional form required)
- Lynchburg City Stadium (football) at 3176 Fort Avenue (additional form required)
- Metal Barricades (Non City Permitted Event - how many \_\_\_\_\_)
- Miller Park, 2100 Park Avenue, including the following entrances:
- Miller Park Pool (Park Avenue Entrance)
- Miller Park Aviary
- Miller Park (area outside Aviary)-rental of Aviary required to use outside area.)
- Miller Park Fireman's Fountain
- Miller Park Office/Community Center Complex at 301 Grove Street
- Peaks View Park at 170 Ivy Creek Drive, including the following entrances:
- Peaksvie Park (outside area)-three areas to choose from (see staff for map)
- Percival's Island Natural Area, at 1600 Concord Turnpike
- Riverfront Park 1000 (to 1014) Jefferson Street
- Riverside Park at Rivermont Avenue

Is This a Private Event?  Yes  No  
 Is this Event Open to the General Public?  Yes  No  
 Will this event be advertised?  Yes  No ✓ IF YES, CHECK BOX PROVIDED

Newspaper  Flyers  
 Television  Banners  
 Radio  Other \_\_\_\_\_

**☒ IMPORTANT NOTICE: ALL ADVERTIZED EVENTS THAT TAKE PLACE ON PARKS & RECREATION MANAGED PROPERTIES MUST CLEARLY DENOTE THE NAME OF THE SPONSORING ORGANIZATION ON ANY AND ALL ADVERTIZEMENTS, AND SUCH ADVERTIZEMENTS SHALL CONFORM TO ALL CITY ORDINANCES/PARK RULES WHERE APPLICABLE (SUCH AS BANNER AND ZONING POLICIES).**

**Please Describe Your Activity in the Space Provided Below (Attach Additional Sheets as Necessary):**

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**Have you received (and read) a copy of Park Rules?**  Yes \_\_\_\_\_ ✓ PLEASE INITIAL NEXT TO BOX

**Have you received (and read) a copy of the Shelter Use Policy?**  Yes \_\_\_\_\_ ✓ PLEASE INITIAL NEXT TO BOX

**Copy of Certificate of Insurance (COI) Attached for Activity/Event Sponsor?**

**Copy of Certificate of Insurance (COI) Attached for Support Services.** ✓ IF NECESSARY

**Name of Support Service Companies/organizations required to Attach COI (Attach Additional Information as Necessary)**

NAME	ADDRESS	PHONE NO.	TYPE OF ORGANIZATION
NAME	ADDRESS	PHONE NO.	TYPE OF ORGANIZATION

Types of Support Service Organization/Companies (examples): Food Service (Caterer, Etc.), Rental (Tables, Tents, Portable Restrooms Units, Etc.), Amusement Device (Rides, Inflatables), Entertainment (Music, Magician, Pony rides, Etc.)

**PLEASE READ:**

The person or persons to whom this permit is issued shall be responsible for any and all damage to Park and City property and shall assume the defense of and indemnify and save harmless the City, its employees, and officers from and against any and all claims, liabilities, judgements, costs, causes of action, damages and expenses whether in law or equity or otherwise, and shall pay all attorney's fees, court costs and other costs incurred in defending such claims, which may accrue against, be charged to, be recovered from or sought to be recovered from the City, its employees and officers for reason of damage to property, personal injury or death of any person rising from the applicant's use of the City Park or other City Facilities. The Director, with the concurrence of the City Attorney, may require such public liability insurance as he/she deems to be necessary to protect the interest of the City.

All requests for refunds or changes to approved permits must be received 10 days in advance of the reservation date. A \$10.00 handling fee will be assessed for providing changes or refunds.

I have read and understand the above statements. My signature below indicates I agree to the terms listed.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

The Lynchburg Parks and Recreation Department complies with the Americans with Disabilities Act for qualified individuals. If reasonable accommodation is needed, please tell us upon registering and at least ten days prior to the event.

Lynchburg Parks & Recreation Division  
Attention: Special Events Coordinator  
301 Grove Street  
Lynchburg, VA 24501

=====FOR OFFICE USE ONLY=====

Permit Granted

Permit Denied ✓ IF NO, PLEASE EXPLAIN

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parks Manager or Representative

\_\_\_\_\_  
Date

Comments/Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Received: \$ \_\_\_\_\_

Mandatory Copies to:

Facilities Supervisor

Parks Manager

Park Operations Coordinator

Courtesy Copies to:

Police

Fire Department

Risk Manager

Other \_\_\_\_\_

-----POST-EVENT COMMENTS-----

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
NAME AND TITLE

\_\_\_\_\_  
DATE

PLEASE RETURN COMMENTS TO THE PARKS & RECREATION DIVISION ATTENTION: PARKS MANAGER. WE WILL USE THESE COMMENTS WHEN EVALUATING FUTURE APPLICATIONS AND POLICY REGARDING APPROPRIATE PARK USE.