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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: _____
Receipt No. _____

FACILITY AND PARK USE PERMIT – SIMPLE USE

Facility or Shelter Desired: _____ Date Requested: _____

Hours of Facility Rental (From): _____ (to): _____ Shelter rentals are from 9am – 9pm (one rental /shelter/day)

Proposed Use: _____

Will you use the pool table (For community center use only): Yes No Estimated Attendance: _____

Primary Contact: _____ Email: _____

Day Time Phone: _____ EXT: _____ Cell: _____

Address: _____
Street City State Zip Code

Are you a City of Lynchburg Resident? Yes No

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

PLEASE READ:

The person or persons to whom the 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, judgments, 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 permit must be received 10 days in advance of reservation date. A \$10.00 handling fee will be assessed for processing changes or refunds.

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

Applicant: _____ Date: _____

Signature of Applicant: _____

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.

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Permit Granted Permit Denied ✓ IF NO, PLEASE EXPLAIN

Date Processed: _____

Comments/Conditions:

Amount Received: \$ _____

Payment:

Cash

Check

Credit/Debit

Courtesy Copies to:

Facilities Supervisor (2)

Buildings & Grounds

Parks Services Manager