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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 Submitted: _____

Approved? Yes No

Receipt No. _____

Insurance Permit _____

Total Amount Due _____

Paid? Yes No

ATHLETICS FACILITY TOURNAMENT PERMIT

Note: Expanded Use and Tournaments include exclusive use of requested City Athletic facilities. May also include additional services such as grooming and lining of fields.

Name of Applicant: _____ Name of Organization: _____

Day Phone No: _____ Email: _____

Address: _____
Street City State Zip Code

Copy of Certificate of Insurance (COI) Attached? Yes No

Locations of Proposed Activity:

Activity: _____ Dates of proposed Activity: _____ to _____

Times: _____ to _____

Special Needs? Yes No

- Lights
- Port-o-Johns
- Extra Dumpster
- Other: _____

Fee: \$160 non-refundable deposit (\$25 permit fee and \$135 1st field rental cost) to be paid 7 days in advance of event

Additional Fees:

- Additional Field: \$135 / day up to 8 hours, \$50 each additional hour
- Lights Fee: \$25 / field / day
- Port-o-Johns: \$50
- Dumpster: \$100

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.

Signature of Applicant: _____

Date: _____

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