



CITY OF CLOVIS

FACILITY USE REQUEST

Facility Requested: _____

Date(s) Requested: _____

Hours Requested: From: _____ To: _____

Nature of Activity: _____

Name of Organization: _____

Mailing Address: _____
Street or P. O. Box City Zip Code

Telephone Number: _____

Agent or
Representative: _____
Name Title

Estimated Number of People Attending Function: _____

Will Admission Be Charged? _____

Recipient of Proceeds: _____

Will Food and/or Beverages be Served? _____

DECLARATION OF ASSUMPTION OF RISK AND WAIVER OF LIABILITY

Organization agrees to indemnify and hold harmless the City of Clovis, its officers, employees, and agents against any and all claims, demands, causes of action, damages (including damages to the City's property), costs, and liabilities (including cost and liabilities of the City with respect to its employees), in law or in equity, of every kind and nature whatsoever, directly or proximately resulting from or caused by the use and occupation of the facilities hereinabove described, whether such use is authorized or not, or from any act or omission of Organization or any of its officers, agents, employees, guests, patrons, or invitees; and the Organization shall, at its sole risk and expense, defend any and all suits, actions, or other legal proceedings which may be brought or instituted against the City, its officers and employees on any such claim, demand or cause of action, and the Organization shall pay and satisfy any judgment or decree which may be rendered against the City, its officers, employees, and agents in any such suit, action, or other legal proceedings; and Organization shall pay for any and all damages to property of the City, for loss or theft of such property done or caused by Organization, its officers, agents, employees, guests, patrons and invitees.

I have read and understand the above and agree to the above in all particulars.

Signature

Date

Clovis Area Recreation
Facility Reservation
Equipment / Set-up - Request Form

Clovis Area Recreation

REGISTRATION

Use this form to register for Clovis Area Recreation programs (Not applicable to Drop-In Skating). To register, mail-in before program information meeting date (with full payment) to CAR 3495 Clovis Ave. Clovis, CA 93612 or walk-in 10:00 AM to 7:00 PM Monday through Thursday and 10:00 AM to 5:00 PM Friday or Saturday at the Clovis Recreation Center 3495 Clovis Ave., (between Ashlan and Dakota). For questions call CAR at 297-2555.

(*) Signifies Required Information

*Participant's Name _____ Participant's Date of Birth _____

*Program/ Event _____ Group _____

*Age _____ Grade _____ School _____

*Address _____ *Apt# _____ *City _____ *Zip Code _____

Seasons of organized experience in above activity 1 2 3 4 5 6

Please circle correct shirt size: Youth 10-12 14-16 Adult S M L XL

*I (parent name if under 18) _____ hereby waive, release and hold harmless from any liability for damages for personal injury including accidental death, as well as from claims for property damage which may arise with the above named activity, against the City of Clovis, its agents, employees, and volunteers. I further permit the use of activity / event photography and / or video for media promotion. Should it be necessary for emergency medical treatment, I hereby authorize the City of Clovis, its agents, employees and volunteers to use their judgment to obtain medical services.

E-mail _____

*Home Phone _____ *Signature _____ *Date _____

*For emergencies please contact: _____ *Phone _____

Will you coach? ___ Asst. Coach? ___ Name _____ Phone _____

Coaches must be at least 14 years of age. No experience required, just have a big heart!

Attend the first scheduled program date or meeting; no confirmation will be sent.

Programs are subject to minimum registration or they will be canceled.

Scholarships available for the economically disadvantaged.



OFFICE USE ONLY

Staff Initial _____ Date _____

Ck # _____ Rec. # _____ Amount _____

Payment Plan Amount _____ Payoff Date _____

Reg. # ___ of ___ Explain _____

Comments _____

Refund Date _____ Supervisor Initial _____