



# City of Federal Way Field Use Agreement Form



Organization Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

## FIELDS REQUESTED

Dates	Fields	Times	Practice/ Game/ Tournament	Sport	Base/Pitching Distances

**RELEASE OF LIABILITY**— The undersigned hereby agrees to indemnify and hold the City of Federal Way, its elected officials, officers, employees, agents and volunteers harmless from any and all claims, demands, losses, actions and liabilities (including costs and all attorney fees) to or by any and all persons or entities including, without limitation, their respective agents, licenses and representatives, arising from, resulting from, or connected with the use of the premises, or from any error or omission of the undersigned, its partners, shareholders, officers, agents, employees, invitees, volunteers, or by the breach of this Facility Rental Agreement, unless such injury or damage is caused by the sole negligence of the City of Federal Way. **USE** — The undersigned agrees to use the premises for the above referenced activity and not use or permit the premises to be used for any other activity or purpose without the City of Federal Way’s prior written consent. **COMPLIANCE WITH LAW**— The undersigned shall not use the premises or permit anything to be done in the premises which will conflict with any applicable local, state or federal law, ordinance, rule or regulation, as now existing or hereafter adopted or amended. **INSURANCE**—All organizations or individuals Must Provide with the request, proof of insurance, which covers their full period of use (photocopy of insurance certificate) the insurance must provide a general liability policy with minimum coverage of \$2,000,000; this policy must also name the City of Federal Way as additional insured. **The City of Federal Way reserves the right to refuse to rent City facilities to any private group or organization based on previous performance of renter.**

I understand the regulations included in the Athletic Field Request Packet are incorporated by reference into this Agreement and I agree to abide by the same.

X \_\_\_\_\_

Representative of Requesting Organization

Date

## FOR OFFICE USE ONLY

Proof of Insurance       Field Use Request Form

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_