



SPECIAL EVENT PERMIT

Name of Organization (Applicant): _____

Main contact: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Park/Area requested: _____ Requested date: _____

Arrival time including set-up: _____ Departure time including take-down: _____ Expected attendance: _____

Type of activity planned: _____

What type of equipment will be used?: _____

Services requested of City (additional tables, trash bins, electricity, etc.): _____

Will admission be charged?: _____ If yes, how much?: _____

Is this event, or any part thereof, revenue generating? If so, describe fully: _____

The above named organization (Applicant), hereby requests the use of the above described park area and/or outdoor facility and agrees to abide by City Park Regulations and all other applicable laws or rules relating to park area/outdoor facility use. Applicant agrees to keep the area in a clean and orderly condition, and assumes responsibility for any damages incurred by Applicant's activities. In consideration of the City authorizing Applicant's use of the described facility/park area, Applicant agrees to indemnify and hold the City, 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, or representative, and event participants, arising from, resulting from or connected with Applicant's use of the facility/park area. I also understand that the City of Federal Way reserves the right to change or cancel any part of this use agreement and related to the scheduled activity. Additional information may be required before permit approval is granted. ****COVID RISK**** I acknowledge that use of City facilities may result in exposure to COVID-19 (novel coronavirus) and other contagious diseases and that the risk of exposure cannot be entirely eliminated for me, my organization, and event participants. I agree to abide by, and require event participants to abide by, all applicable public health guidelines to reduce the risk of COVID exposure. **Please review the Special Event Application Procedure, Rates, General Information, and the Park Reservation Guidelines.**

Authorized Agent's Signature: _____ Date: _____

OFFICE USE ONLY

Rental # _____

Total Price: _____

FWCC: _____

Date: _____

Parks Maintenance: _____

Date: _____

Parks Director: _____

Date: _____