

FIRST AMENDMENT ACTIVITY PERMIT APPLICATION

Permits must be submitted at least 48 hours prior to the requested date.

Today's Date: _____

Applicant's Name _____ DOB: _____

Organization: _____ Title of Organizer: _____ Resident Org.: Yes No

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

Primary Phone: _____ Alt. Phone: _____ E-mail: _____

Name of Park: _____ Approx. # of persons expected.: _____

Type of Event: _____ * Time: _____

(*Please refer to the attached Policy for the Event options)

Date(s): _____

Security Deposit (if applicable): \$ _____

Certificate of Insurance: Yes No

Indemnification And Reimbursement Agreement Yes No

Park Permit Rules: The individual and organization listed above understands and agrees to comply with the following rules:

1. You will be required to provide us with proof of commercial general liability insurance in the amount provided in the schedule of requirements published by the District. The District shall be named as an additional insured.
2. Consumption of alcoholic beverages or products is prohibited on park district grounds.
3. Permit holder is responsible for any damage to park grounds.
4. Permit holder assumes liability for all persons in attendance.
5. Permit holder is responsible for all scavenger services after the event.
6. Permit holder will remove all persons and personal property at the expiration of the permit.
7. The West Chicago Park District is not responsible for lost, stolen or damaged property.

I confirm that I have read and understand the Park Permit Rules and the First Amendment Activity Policy and agree to fully comply with the Rules and Policy. I confirm that I understand that in consideration for receiving this permit I shall indemnify the District and hold the District harmless from any liability to any person resulting from any damage or injury proximately caused by my act or omission during the course of the activity for which a permit is granted. I further confirm that the above information has been completed honestly, completely and accurately, does not fail to omit any information which is material to it not being misleading, and I understand that if the District discovers any falsehoods or material omissions the permit will be cancelled by the District and my security deposit will be forfeited.

Signature of Applicant: _____ Date: _____