Indian Valley Community Services District

Providing services for our community health, well-being, and prosperity

PARK RESERVATION APPLICATION & USE PERMIT

Date Submitted: _____

APPLICANT INFORMATION

Name of Individual/Organization: _____

Contact Person: _____

Mailing Address: _____

City/State/Zip: _____

Email Address: _____

Primary Phone: _____ Alternate Phone: _____

PARK/FACILITY REQUEST

Park Requested: ☐ Greenville Community Park ☐ Chuck Clay Park

Area Requested: ☐ Picnic Area ☐ Pavilion/Covered Area ☐ Ball Field ☐ Open Lawn Area ☐ Other:

_____

Reservation Date(s):

_____

Event Start and End Times:

_____ to _____

Estimated Attendees: _____

Type of Event:

☐ Family Gathering ☐ Birthday Party ☐ Community Event ☐ Fundraiser ☐ Sports Activity ☐ Other:

_____

Event Description (purpose, main activities, arrangements for safety, sanitation, traffic control, cleanup, etc.):

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SPECIAL USE REQUESTS

1. Will food be served? ☐ Yes ☐ No
2. Will a bounce house/inflatable be used? ☐ Yes ☐ No

Bounce House Company Name: _____Phone Number: _____

3. Will generators be used? ☐ Yes ☐ No
4. Will tents, canopies, or other temporary structures be used? ☐ Yes ☐ No
5. Will vendors be present? ☐ Yes ☐ No

If yes, please describe (vendor name, sales, food handling, etc.):

FEES

Currently facility rental fees are based on number of people. If 75 or more people are anticipated to attend, a dumpster fee of $24.36 will apply.

☐ 0-25 people ($10)

☐ 26-50 people ($25)

☐ 51-100 ($60) + $24.36 (dumpster fee) = **$84.36 total**

PARK USE RULES

Applicant Initials Required	***Applicant must initial each rule individually.***
	I understand that submission of this application does not guarantee a reservation
	I understand that rental hours must include all setup and cleanup time.
	I understand that the applicant must be present during the entire event.
	I understand that all trash generated by the event must be removed and disposed of properly.
	I understand that children must be supervised at all times.
	I understand that park facilities must be left in the same condition in which they were found.

	I understand that amplified sound may be restricted and must comply with local ordinances.
	I understand that no stakes, digging, or modifications to District property are allowed without prior approval.
	I understand that the use of bounce houses, generators, tents, or other special equipment may require proof of insurance and prior approval by IVCSD.
	I understand that any damage caused during the event will be the responsibility of the applicant.
	I understand that IVCSD reserves the right to deny or cancel reservations due to weather, maintenance needs, emergencies, or violations of District policies.

INSURANCE REQUIREMENTS

For certain events, including but not limited to large gatherings, organized activities, commercial events, fundraisers, or events involving inflatables, vendors, or special equipment, **the applicant must provide a Certificate of Insurance with minimum coverage limits of $2,000,000 per occurrence and aggregate. Proof of insurance must be submitted and approved prior to the event date.**

CANCELLATION POLICY

Applicant Initials: _____

Cancellations must be submitted to IVCSD as soon as possible. Refunds and forfeitures shall be administered in accordance with the current IVCSD Park Rental Fee Schedule and Board-approved policies.

WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

The undersigned applicant agrees to assume all responsibility for any injury, damage, loss, liability, cost, or expense arising out of or related to the use of Indian Valley Community Services District facilities.

The applicant further agrees to defend, indemnify, and hold harmless Indian Valley Community Services District, its Board of Directors, officers, employees, volunteers, and agents from and against any and all claims, demands, actions, damages, losses, costs, or expenses, including attorney fees, arising from the applicant's use or occupancy of District property.

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The applicant certifies that all information provided is true and correct and agrees to comply with all federal, state, local, and District rules, regulations, policies, and ordinances.

Applicant Signature: _____

Printed Name: _____

Date: _____

For Office Use Only

Application Approved: ☐ Yes ☐ No

Reason unapproved:

Approved By: _____

Title: _____

Date: _____

Insurance Documentation Received (if required): ☐ Yes ☐ No

Reservation Number: _____ Shared Outlook Calendar: ☐ Yes ☐ No

FEES

Rental Fee: $_____

☐ Credit/Debit Card

Security Deposit: $_____

Deposit Paid: ☐ Yes ☐ No

Other Fees: $_____

Date Paid: _____

Payment Method

Date Deposit Received: _____

☐ Check #_____

Staff Initials: _____

☐ Cash

POST-EVENT INSPECTION

Pre-Event Condition Notes:

Post-Event Inspection Notes:

Damage Charges: $_____

Cleaning Charges: $_____

Deposit Returned: $_____

Date Deposit Returned:

_____

IVCSD Representative Signature:

_____

Applicant Signature:

_____