



Name of Applicant: _____

Organization: _____

Type of Activity: _____ **Estimated Attendance:** _____

Address: _____

City: _____ **Zip:** _____

Phone: _____

Date of Event: _____ **Start and End Time of Event:** _____

Requesting (select one):

☐ **Private Party**
(before or after
regular rink hours)

☐ **Small Group Party**
(reserved tables
for 2 hours)

***PLEASE SEE OUR RATE SHEET FOR MORE DETAILS**

RELEASE FROM LIABILITY AND INDEMNIFICATION: In consideration of and as a condition for use of above dated facility, applicant/organization hereby agrees to assume any and all risks arising out of or incident to the use of said facility and expressly waives any claim that the applicant/organization may otherwise have against the City based on the use of the City-owned property or otherwise. Pursuant to this application, applicant/organization further agrees to indemnify and hold harmless the CITY OF UKIAH, its officers, agents, employees, and volunteers from any and all claims, damages, losses, or expenses, including bodily injury, property damage, or other loss of applicant's conduct, the conduct of third parties, or the joint conduct of applicant and City. The applicant/organization agrees to pay any City cost incurred in defending against any such claim, including reasonable attorney's fees. Applicant/organization is responsible for leaving said facility as clean as when found. Any cleanup or damages will be charged to the applicant/organization using the facility by a representative of the Ukiah Community Services Department. The applicant/organization further agrees to provide a Certificate of Insurance and Additional Endorsement naming the City of Ukiah as additional insured.

Signature of Applicant: _____ **Date:** _____

OFFICE USE ONLY

Quote: _____ **Amount Paid:** _____

Payment Method: _____ **Date Received:** _____

Submit to 411 West Clay Street or asandoval@cityofukiah.com