



City of Orting  
104 Bridge St. S – PO BOX 489 – Orting, WA 98360  
City Hall Phone: 360-893-2219  
Parks & Rec Phone: 360-893-9017  
[recreation@cityoforting.org](mailto:recreation@cityoforting.org)

## TRAIL USE APPLICATION

APPLICANT NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NON-PROFIT?  YES  NO UBI#: \_\_\_\_\_

NAME OF EVENT/ACTIVITY: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

DAY-OF EVENT CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ESTIMATED NUMBER OF PARTICIPANTS: \_\_\_\_\_

DO YOU NEED TO RESERVE A CITY OF ORTING FACILITY?  YES  NO

IF YES, PLEASE INDICATE WHAT FACILITIES BELOW:

Gazebo  BBQ Area  Basketball Court (No cost)  North Park (No cost)  Orting Station

Multipurpose Center

**\*IF YOU ARE RESERVING A CITY OF ORTING FACILITY, YOU WILL NEED TO COMPLETE A SEPARATE FACILITY RENTAL APPLICATION AND PAY THE CORRESPONDING FACILITY FEE(S)\***

WILL YOU BE NEEDING ADDITIONAL PORTABLE RESTROOMS?\*  YES  NO

IF YES, HOW MANY?  1  2 (PORTABLE RESTROOMS ARE \$75 EACH PER EVENT)

**\*Charter Park (the Skate Park) has NO restrooms on-site. The Main City Park has a restroom building, as well as 2 portable restrooms on-site year-round\***

WILL YOU NEED A DUMPSTER OR EXTRA TRASH CANS?  YES  NO

DUMPSTER (\$20 PER EVENT)  EXTRA TRASH CANS (NO EXTRA COST)

**IN ADDITION TO INFORMATION PROVIDED ABOVE, THE FOLLOWING IS REQUIRED FOR APPROVAL OF TRAIL-USE APPLICATION:**

- **Map detailing where the event will take place and where tents/equipment will be placed**
- **A copy of your Pierce County Parks Permit**
- **A copy of the organization's certificate of insurance**

**\*\*IF YOU REQUIRE THE USE OF CITY FACILITIES OR RESOURCES IN ADDITION TO WHAT IS PROVIDED ABOVE, YOU WILL NEED TO SUBMIT A SPECIAL EVENTS APPLICATION\*\***

Permittee agrees to defend, indemnify and save harmless the City of Orting, its appointed and elective officers and employees, from and against all loss or expense, including but not limited to judgments, settlements, attorney's fees and costs by reason of any and all claims and demands upon the City of Orting, its elected or appointed officials or employees for damages because of personal or bodily injury, including death at any time resulting therefrom, sustained by any person or persons and on account of damage to property including loss of therefrom, arising out of any activity under or in connection with this event, except only such injury as shall have been occasioned by the sole negligence of the City of Orting, its appointed or elected officers or employees. I also am aware that I must provide \$1,000,000 liability insurance and name the City of Orting as an additional insurer. **Initials:** \_\_\_\_\_

THE UNDERSIGNED APPLICANT HEREBY warrants that he/she is the authorized representative of the Sponsoring Organization, and further AGREES to defend, indemnify and hold harmless the City, its officers, officials, employees and volunteers from and against any and all claims, suits, actions, or liabilities for injury or death of any person, or for loss or damage to property, which arises out of the use of City's property or from any activity, work or thing done, permitted, or suffered by APPLICANT or public in or about the City's property as a result of the APPLICANT'S use of the City's property.

**Initials:** \_\_\_\_\_

I declare under penalty of perjury (under the laws of the United States of America) that the foregoing is true and correct.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

Title/Role with Organization: \_\_\_\_\_

For City Use Only

Date Application Received: \_\_\_\_\_ Rec'd By: \_\_\_\_\_

Certificate of Insurance: [ ] Detailed Event Map: [ ] Pierce County Parks Permit: [ ]

Renting Facilities? [ ] Yes [ ] No Which facilities? \_\_\_\_\_

Application Approved: [ ] Yes [ ] No Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Total Fee Amt \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt # \_\_\_\_\_

NOTES: