



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

TRAIL USE APPLICATION

APPLICANT NAME:		
ORGANIZATION:		
PRIMARY PHONE:	EMAIL:	
NON-PROFIT? [] YES [] N	NO UBI#:	
NAME OF EVENT/ACTIVITY:		
EVENT DATE:	START TIME:	END TIME:
DAY-OF EVENT CONTACT:		PHONE:
ESTIMATED NUBMER OF PARTICIPANT	S:	
DO YOU NEED TO RESERVE A CITY OF C IF YES, PLEASE INDICATE WHAT FACILIT		[] NO
[] Gazebo [] BBQ Area [] Ba	sketball Court (No cost) [] Nort	h Park (No cost) [] Orting Station
[] Multipurpose Center		
	PRTING FACILITY, YOU WILL NEED TO SOME THE CORRESPONDING THE CORRE	TO COMPLETE A SEPARATE FACILITY RENTAL IG FACILITY FEE(S).
WILL YOU BE NEEDING ADDITIONAL PO	ORTABLE RESTROOMS?* [] YES	[] NO
IF YES, HOW MANY? [] 1 [] 2	2 (PORTABLE RESTEROOMS	S ARE \$75 EACH PER EVENT)
*Charter Park (the Skate Park) has NO portable restrooms on-site year-round	-	Park has a restroom building, as well as 2
WILL YOU NEED A DUMPSTER OR EXTR	RA TRASH CANS? [] YES [] NO
[] DUMPSTER (\$20 PER EVENT)	[] EXTRA TRASH CANS (NO EXT	FRA COST)

IN ADDITION TO INFORMATION PROVIDED ABOVE, THE FOLLOWING IS REQUIRED AT LEAST 2-WEEKS PRIOR TO THE EVENT 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 citing the City of Orting as additional insured.

IF YOU REQUIRE THE USE OF CITY FACILITIES OR RESOURCES BEYOND WHAT IS PROVIDED ABOVE, YOU WILL NEED TO SUBMIT A SPECIAL EVENT APPLICATION. UPON REVIEW OF THE APPLICANT'S TRAIL USE APPLICATION, THE CITY RESERVES THE RIGHT TO REQUIRE THE APPLICANT COMPLETE A SPECIAL EVENT APPLICATION IF DEEMED NECESSARY.

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.

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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:		