

Field Rental Agreement Hourly



University Place
WASHINGTON

Name of Organization: _____

Rental Date(s): _____ Application Date: _____

Purpose: _____

Hours Requested: Start Time: _____ End Time: _____ Total Time: _____

Contact Person: _____ Phone No.:(W) _____ (H) _____

Address: _____ City: _____ ZIP: _____ Email: _____

Types of Fields (Please circle the field(s) that you will be renting and any additional needs)

Field Usage Fees	Group 1-Youth	Group 2 -Adult
	(A) Resident / (B) Non-Resident	(A) Resident / (B) Non-Resident
Field #1 Baseball	\$45 / \$55 per hour	\$55 / \$65 per hour
Field #2 Softball		
Field #3 Multipurpose	\$35 / \$45 per hour	\$45 / \$55 per hour
Field Lighting <i>per field</i> Field #1 Field #2 Field #3	\$15 per hour	\$15 per hour
Field Preparation <i>per field</i> Field #1 Field #2 Field #3	\$45 per prep	\$45 per prep
<i>(All fees effective January 1, 2015)</i>		

INSURANCE INFORMATION: All tenants would need to secure the minimum insurance coverage described below, and such insurance shall be primary with the user group to provide additional services such as portable restrooms and additional garbage pickup.

- Comprehensive Commercial General Liability insurance in the amount of at least one million dollars (\$1,000,000) per occurrence for bodily injury and name the City as additional insured. **Proof of Liability must be accompany this agreement**

HOURLY FIELD FEES			
Field #1 Baseball		per hour X	hours =
	Field Prep	X	(No. of Preps) =
	Field Lights	per hour X	(No. of Hours) =
Field #2 Softball		per hour X	hours =
	Field Prep	X	(No. of Preps) =
	Field Lights	per hour X	(No. of Hours) =
Field #3 Multipurpose		per hour X	hours =
	Field Prep	X	(No. of Preps) =
	Field Lights	per hour X	(No. of Hours) =
			TOTAL RENTAL COST

Payment in full must be made at the time of scheduling. Additionally, Proof of Insurance must be submitted at the same time.

Applicant hereby acknowledges that he/she understands, and will comply with, all rules pertaining to use of the City of University Place's field facilities. Applicant hereby assumes all responsibility to leave fields in neat and clean condition as found. No alcohol is to be provided or served on City of University Place premises. All payments and deposits are due, in full, two weeks prior to the event date in order to secure the reservation. All cancellations must be made 14 days in advance of the reservation date. All refunds, except cleaning deposit, shall be subject to a ten percent (10%) administrative fee.

Applicant shall defend, indemnify and hold the City, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees for the injury to persons or property occurring as a result of this activity and agrees to be liable to said City for any and all damages to any field, room, equipment and/or furniture owned or controlled by the city, which results arising out of or in connection with the performance of this Agreement, except for liability resulting from the sole negligence of the City. Applicant acknowledges that this reservation is subject to immediate cancellation by any Police Officer or Agent of the City of University Place upon determination of a violation of the University Place Municipal Code or in times of declared emergencies. By signing this Agreement, applicant acknowledges that they have read and understand all rules and requirements for use of fields.

I/We agree to abide by and enforce the rules and regulations of the City of University Place and verify that I/We have read, understand and agree to the rules and regulations for field use.

Applicant Signature _____

Authorized Staff Signature _____

Date
OFFICE USE ONLY

Approved

Disapproved ----- Reason: _____

Date