HARMONY COMMUNITY DEVELOPMENT DISTRICT PARKS AND RECREATION FACILITY USAGE APPLICATION

PERSONAL/INDIVIDUAL USE APPLICATION

IMPORTANT: Please type or print legibly. All sections must be completed. Some applications may require additional review and approval from the District. **Usage will only be confirmed if all appropriate information has been supplied.**

APPLICANT INFORMATION	
Name:	
Address:	
Home Phone:	Cell Phone:
Fax:	E-mail:
EVENT INFORMATION	
Type of event:	
Requested location:	
Event date(s):	
Times From: (a.m./p.m.)	To: (a.m./p.m.)
Anticipated # of attendees:	What age group?
NOTE: 10 C L L	. L.: - J. d

NOTE: If requesting use of a pool area, please be advised the access gates are not to be propped open at any time before or during the event. This is an electronic card reader access system, and propping the gates will result in a default that disables the card readers where no one will have access.

DAMAGE DEPOSIT

ADDITIONAL INFORMATION

For each event with 10 or more attendees, the District shall collect from the Event Organizer a **Damage Deposit** in the amount \$250 at the time the event is scheduled with the District Manager.

At the conclusion of the event and upon inspection, the District shall either (1) return the Damage Deposit to the event organizer if there is no damage to District property, or (2) charge the event organizer for any damage to the District property and apply the Damage Deposit to the charge.

If the damage to the District property is less than the Damage Deposit, the excess amount from the deposit shall be returned to the event organizer. If the damage to the District property exceeds the Damage Deposit, the event organizer shall be charged for the property damages. All damage charges must be paid to the District no later than 15 days after invoice date.

VENDORS/MERCHANDISE

	Indise must have a vendor agreement, a copy of their Osceola County Parks and Recreation Department.
How many vendor/merchandise locations will yo	our event require?
Please describe vendors/type that will occur on da	ay of event:
1	provided of all vendors. Please attach a list with the s of service of any person(s) that you have an ide for you.
CATERING	
Will your event require catering? Yes	No
Name of Company:	
Contact Person:	
Address:	
City:	State: Zip Code:
Work Phone:	Fax:
Cell/Pager:	Email:
CONTACT INFORMATION	
Contact information to obtain a County permit o the Harmony Community Development District F	r additional waste management services, as required in Parks and Recreation Facilities Policy.
Osceola County Zoning and Code Enforcement: One Courthouse Square, Suite 1200, Kiss Phone (407) 343-3400	immee, FL 34741
Osceola County Parks and Recreation Department One Courthouse Square, Suite 1200, Kiss Phone (407) 343-2380	
County Waste Management: Phone (407) 847-73	370

INDEMNIFICATION AND HOLD HARMLESS

The EVENT ORGANIZER agrees that this application applies to the individual and all of his or her agents, officers, directors, employees, consultants or similar persons.

UPON SIGNATURE of this application, THE EVENT ORGANIZER AGREES TO BE LIABLE for any and all damages, losses and expenses incurred by the District, caused by the acts and/or omissions of the event organizer, or any of its agents, officers, directors, employees, consultants or similar persons.

THE EVENT ORGANIZER AGREES TO INDEMNIFY, DEFEND, AND HOLD THE DISTRICT HARMLESS for any and all claims, suits, judgments, damages, losses and expenses, including but not limited to, court costs, expert witnesses, consultation services and attorney's fees, arising from any and all acts and/or omissions of the organizer, or any of his or her agents, officers, directors, employees, consultants or similar persons.

The State, agency or subdivision of the State shall not be subject to this indemnification clause in accordance with Section 768.28(19), FL Statutes.

None of the indemnification or insurance requirements referenced in the Harmony Community Development District Parks and Recreation Facilities Policy or in this Application constitute a waiver of sovereign immunity pursuant to Section 768.28, FL Statutes.

SIGNATURE OF APPLICANT/EVENT ORGANIZER

ACKNOWLEDGEMENT.	
☐ I understand that this is an application only Development District in any fashion to reserve	y and does not obligate the Harmony Community e any facility and/or approve any event.
☐ I have read, understand, and agree to abide b Development District in Chapter 4, Parks and	y the policies set forth by the Harmony Community Recreation Facilities Rules.
☐ If approved, I understand that I must have a possession at the event or I will be denied according.	a copy of the signed, approved application in my ess for this event.
Signature:	Date:
Printed Name:	
APPROVAL FROM HARMONY CDD	
Signature:	Date:
Printed Name:	

ACKNOWI EDGEMENT.