



Special Use Application
PARKS, RECREATION & COMMUNITY SERVICES
6000 Main Street SW Lakewood, WA 98499
(253) 983-7887

Official name of event/activity: _____

Event Date(S) _____ Start Time: _____ End Time: _____

Event Set-Up Date(S): _____ Start Time: _____ End Time: _____

Event Clean-Up Date(S): _____ Start Time: _____ End Time: _____

Anticipated Attendance: **(Please provide daily and total estimate if multi-day event)**

Participants: _____ Spectators _____ Staff/Volunteers: _____ Total Attendance: _____

Specific Park Requested: American Lake Park Fort Steilacoom Park Harry Todd Park Springbrook Park
 Colonial Plaza Other _____

SPECIFIC Area(s) Building(s) Room(s) REQUESTED:

EVENT TYPE (select at least one): Boat Race Concert/Live Music Cycling Event Festival/Fundraiser
 Filming/Photography Rally/Protest Reunion Run/Walk Theatrical Performance Wedding
 Sporting Event (Fill in Sport): _____
 Other: _____

NATURE AND PURPOSE OF ACTIVITY (Please include as many **details** as possible i.e. time schedule, sequence of events, program description, etc. – **Add additional pages if necessary:**

EVENT COMPONENTS (Please mark all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Beer/Wine Garden | <input type="checkbox"/> Heating Device | <input type="checkbox"/> Security |
| <input type="checkbox"/> Commercial Advertising | <input type="checkbox"/> Inflatable/Bouncy: (See checklist) | <input type="checkbox"/> Stage: |
| <input type="checkbox"/> Electricity | Quantity: _____ | Quantity: _____ Size: _____ |
| <input type="checkbox"/> Exhibits/Displays | <input type="checkbox"/> Merchandise/Services | <input type="checkbox"/> Tents/Canopies |
| <input type="checkbox"/> Food Services | <input type="checkbox"/> Parking Plan | Quantity: _____ Size: _____ |
| <input type="checkbox"/> Garbage Dumpsters | <input type="checkbox"/> Portable Toilets | <input type="checkbox"/> Vendor Booths: Quantity: _____ |
| <input type="checkbox"/> Generator: | <input type="checkbox"/> Public Address System | <input type="checkbox"/> Water |
| Quantity: _____ Size: _____ | <input type="checkbox"/> Registration Fee/Admission Fee | |

Name of Applicant/Organization: _____

Organization Website: _____

Name if Person in Charge (if applicable): _____ Returning Customer? Yes No

Mailing Address _____

City _____ State _____ Zip _____

Best Contact Phone: _____ Cell Phone: _____

Email Address (Required): _____

Please send me emails about upcoming events at Lakewood City Parks

AGREEMENT, RELEASE AND INDEMNIFICATION

The person or organization entering into a use agreement with the City of Lakewood for the use of City of Lakewood facilities or equipment described above (collectively "the Facilities") certifies that the information given in this application is current and correct. The undersigned further states that they have the authority to make this application for the Applicant and agrees that the Applicant will observe all rules and regulations. The Applicant further agrees to reimburse the City of Lakewood for any damages arising from the Applicant's use before, during, or after of said Facilities. Any accident involving injury to participants or damages to the Facilities occurring during the use of the Facilities will be reported to City of Lakewood immediately.

- ____ (Initial) Applicant ensures that no alcoholic beverages will be served unless I meet the requirements and have approval from the City.
- ____ (Initial) Applicant is responsible for set-up and clean-up, including garbage and pet waste removal from the site. Pets are kept on a leash.
- ____ (Initial) Applicant agrees that No cancellation refunds within 30 days of reservation date or due to weather conditions.

FURTHERMORE, the applicant agrees as follows:

____ (Initial) I am aware of and expressly assume all of the various risks of serious injury and/or death associated with or arising out of the use of the Facilities.

____ (Initial) In consideration for granting this request, and being fully aware of all of the risks, I hereby RELEASE the City of Lakewood and its officials, employees, volunteers and agents ("the Released Parties"), and AGREE TO WAIVE ANY RIGHT OF RECOVERY THAT I AND/OR THE ORGANIZATION, AS APPLICABLE, MAY HAVE, including the right to bring a legal claim, cause of action, or lawsuit for any bodily injury, death or other harmful consequences in any way arising out of use of the Facilities. I understand that this release extends to all claims of any kind and every nature, known, unknown, suspected or unsuspected, in any way arising out of or related to use of the Facilities.

____ (Initial) I agree to defend, indemnify and hold harmless the Released Parties 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 the Facilities or from any activity, work or thing done, permitted, or suffered by Applicant in or about the Facilities, except only such injury or damage as shall have been occasioned by the sole negligence of the Released Parties.

INSURANCE

The Applicant is required to procure and maintain for the duration of the use or rental period insurance against claims for injuries to persons or damage to property which may arise from or occur in connection with the use of the Facilities and the activities of the Applicant and his or her guests, representatives, volunteers and employees.

Accordingly, the Applicant shall provide proof of general liability insurance, with minimum limits of \$1,000,000 per occurrence and \$2,000,000 aggregate, and name City of Lakewood as an additional insured by using ISO endorsement CG 20 11 on said policy. The insurance policy shall contain, or be endorsed to reflect, that the Applicant's insurance coverage shall be primary insurance as respects the City of Lakewood. Any insurance, self-insurance, or self-insured pool coverage maintained by the City of Lakewood shall be excess of the applicant's insurance and shall not contribute with it. For athletic events, the General Liability insurance shall include coverage for participant liability with limits of not less than \$1,000,000 per occurrence.

I have read the rules and regulations above and on the reverse side of this form and agree to the conditions and charges as established on my own behalf and on behalf of the Organization as applicable:

Printed Name: _____ Signature: _____ Date: _____

*Your application is not finalized until payment is received, all requirements are met, and a permit is issued.
Once the application is returned City Parks Staff will contact you for payment information.*

Return completed applications and supporting documents (via mail or E-mail) to:

City of Lakewood
Parks, Recreation and Community Services
6000 Main Street SW
Lakewood, WA 98499

City of Lakewood Phone: 253-983-7887
E-Mail: nyork@cityoflakewood.us

Special Event Permit Questionnaire

	Yes	No	If answered YES, describe in detail in space provided
Types of activities will include:			
On the day of the event, do you anticipate needing additional support (i.e. access to electricity, water, extra refuse pick-ups, extra cleaning of restrooms, portable toilets, and traffic control)?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the event open to the public?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you publicizing your event? Do you plan to post signs, billboards, advertising, etc., before or during your event? Are you planning to distribute brochures, flyers, or other promotional materials at the event?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please provide proofs.
Alcohol is not allowed in Lakewood parks. Is possession or consumption of alcohol being considered as part of your event?	<input type="checkbox"/>	<input type="checkbox"/>	
Will any animals be brought on the site?	<input type="checkbox"/>	<input type="checkbox"/>	
What equipment will you bring to the site? Generators? Pop-up tent(s)? BBQ(s)?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the sale of food, merchandise, or services planned? *NOTE you must meet all of the Tacoma-pierce County Health Department requirements.	<input type="checkbox"/>	<input type="checkbox"/>	
Are you providing food for the event? *NOTE you must meet all of the Tacoma-Pierce County Health Department requirements	<input type="checkbox"/>	<input type="checkbox"/>	
Are fundraising activities planned?	<input type="checkbox"/>	<input type="checkbox"/>	
Is digging, altering, staking, chalking, flagging or otherwise changing the park in some manner planned in preparation for or to take place during the event?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, describe in detail and provide map
How will you facilitate parking for your participants and spectators? (if your event needs more than the regular parking lots, you will need to work with the City for an approved parking plan)			
Will sound amplification (announcements, music), etc., be used? *please list all sound equipment you wish to bring	<input type="checkbox"/>	<input type="checkbox"/>	

City of Lakewood Special Event Checklist Requirements

Please contact the City parks department if you have questions regarding these event requirements. It is your responsibility to provide required documents to the City at least one week prior to your event. Permits are pending and are not approved unless all requirements are met and fees are paid

Concession(s): Amount: _____ Date concessionaire will work: _____ Site: _____
Event Coordinator responsible for health cards and permits – No City Review

Electrical Resources: Type: _____ # of generators: _____
Electrical System Provider: _____ (Must send confirmation to the City prior to the event)

Event Insurance Verification: Company _____ Correct endorsements? Y N

Garbage Dumpster: 6 yd size required for special events with 250 people
Contact: LeMay/ Waste Connections @ 253-588-1705 Delivery Date: _____ Removal Date _____
Site Location for Delivery: _____ (Park Name and Address)

Incident Action Plan: Emergency Management plan must be attached along with contacts for the day.

Inflatable(s): # of Inflatables _____ Supplying Company: _____
Inflatable Insurance Company: _____ correct endorsements? Y N
Must rent from an [L & I Certified Amusement Ride Operator](#) and provide generator, proof of inspection, and
 Certificate of Insurance with an endorsement naming City of Lakewood as an additional insured. We do not require a paid attendant but your group is responsible for safety.

Parking Plan Developed: Provide a Parking Map with parking locations marked and number of volunteers/flagging crew assigned to parking. Approved by Staff Y N

Portable Toilets: Per chart below – # to be ordered _____ (Must send confirmation to the City prior to the event)

Order portable toilets from any provider and pay the provider directly

Supplying Company: _____ Contact/#: _____
Number of Units: Regular: _____ ADA Accessible: _____ Hand washing stations: _____
Delivery Date _____ Removal Date _____

One (1) standard portable toilet can accommodate up to 125 uses. When determining the number of units needed, estimate that each person attending an event will use a portable toilet every four hours – so how many people are going to attend and what is the time frame of the event and multiply it out. Weather conditions (hot) and the consumption of additional liquids, beer or other alcoholic beverages will increase the use of a portable toilet by 30-40%, so additional units should be ordered for those conditions. **The first unit of the order is to be a ADA accessible unit.**

Events with **1 – 300** guests should be okay with the permanent restrooms at FSP
Events with **300-500** guests should bring in **two** additional portable toilets
Events with **500 – 1000** guests for a full day should bring in **7** portable toilets
Events with **2000** guests should bring in **14** portable units
Events with **3000** guests should bring in **21** portable units
Events with **4000** guests should bring in **30** portable units
Events with **5000** guests should bring in **36** portable units

Road Closure: Y N

Security services recommended for this event? Y N
If yes, contact the Lakewood Police Department / John Fraser 253-830-5000
(Police security contract must be provided to City prior to the event)

Site Map: Please provide a detailed layout regarding how you plan to use all areas associated with the planned activity.
Please include site plan or diagram of actual event, set up and staging areas, electrical needs, parking arrangements for staff or participants, signage, etc. Approved by City Staff Y N

Sound Amplification: Time Start: _____ Time End: _____ Notification Postcard Needed: Y N
Power system provided by event coordinator – electrical approved per L & I

Tents: # of Tents: _____ Size: _____ (No staking allowed – tents must be weighted)
Any tenting over 20'x20' (400 square feet) must be approved and have an assembly permit from West Pierce Fire and Rescue Department (WPFR) Contact WPFR: Lorelee Ashley 253-983-4583
(Must send confirmation to the City prior to the event)
Placement Location in Park: _____

Trail/Walk/Run Route Map: If applicable, please provide a course map. Approved by City Staff Y N