

**7G**

**Additional  
Applications**

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**HARMONY COMMUNITY DEVELOPMENT DISTRICT  
PARKS AND RECREATION FACILITY USAGE APPLICATION**

**ORGANIZATION/COMPANY 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 of Entity/Organization/Company: Harmony HROA  
Address: 811 W. Mahette St. Kennesaw GA 30144  
Type of Organization:  Non-Profit  Commercial  Government  Private  
If Non-Profit, does your organization hold a current 503(c)(3) certificate?  Yes  No  
Contact Person: Jen Harrison E-mail: Harmonyactivitydirectore@gmail.com  
Work Phone: \_\_\_\_\_ Cell Phone: 407 709 0187

**EVENT INFORMATION**

Type of event: Movie Night  
Requested location: Town Square  
Event date(s): October 16, 2020 Times From: 6:30 (a.m./p.m.) To: 11 (a.m./p.m.)  
Anticipated # of attendees: 75-100 What age group? all

**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**

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

Any vendor who will sell or give away merchandise must have a vendor agreement, a copy of their business license, and insurance on file with the Osceola County Parks and Recreation Department.

How many vendor/merchandise locations will your event require? n/a

Please describe vendors/type that will occur on day of event: \_\_\_\_\_

A complete detailed listing of names must be provided of all vendors. Please attach a list with the names, addresses, phone numbers and types of service of any person(s) that you have an agreement/contract for any service they will provide for you.

Attached:  Yes  No

## 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 or additional waste management services, as required in the Harmony Community Development District Parks and Recreation Facilities Policy.

### Osceola County Zoning and Code Enforcement:

One Courthouse Square, Suite 1200, Kissimmee, FL 34741  
Phone (407) 343-3400

### Osceola County Parks and Recreation Department:

One Courthouse Square, Suite 1200, Kissimmee, FL 34741  
Phone (407) 343-2380

County Waste Management: Phone (407) 847-7370

**NOTE: The attached Rider page must also be signed.**

**INDEMNIFICATION AND HOLD HARMLESS**

The **EVENT ORGANIZER** agrees that this application applies to the entity, corporation or organization and all of its 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 and does not obligate the Harmony Community Development District in any fashion to reserve any facility and/or approve any event.
- I have read, understand, and agree to abide by the policies set forth by the Harmony Community Development District in Chapter 4, Parks and Recreation Facilities Rules.
- If approved, I understand that I must have a copy of the signed, approved application in my possession at the event or I will be denied access for this event.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Jen Abrahamson

**APPROVAL FROM HARMONY CDD**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**STATE OF EMERGENCY RIDER PAGE**

**PANDEMIC INDEMNIFICATION**

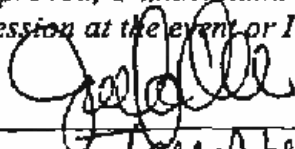
By utilizing District facilities, there are certain risks arising from or related to possible exposure to **COMMUNICABLE DISEASES** including, but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for the **CORONAVIRUS DISEASE** (also known as COVID-19) and/or any mutation or variation thereof (collectively referred to as "Communicable Diseases").

The **EVENT ORGANIZER** represents he or she is fully aware of the hazards associated with such **Communicable Diseases** and knowingly and voluntarily **ASSUMES FULL RESPONSIBILITY** for any and all risk of personal injury or other loss that he or she may sustain in connection with such **COMMUNICABLE DISEASES**.

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Signature:  Date: 9-21-20  
Printed Name: Jen Arnhanson

**APPROVAL FROM HARMONY CDD**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**7Giv**

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If Non-Profit, does your organization hold a current 503(c)(3) certificate?  Yes  No  
Contact Person: Jen Abrahamson E-mail: Harmonyactivitydirector@gmail.com  
Work Phone: \_\_\_\_\_ Cell Phone: 407-709-0187

**EVENT INFORMATION**

Type of event: Fall Fest  
Requested location: Lakeshore Park  
Event date(s): 11-14-20 Times From: 1 (a.m./p.m.) To: 6 (a.m./p.m.)  
Anticipated # of attendees: 100 What age group? all

**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.

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**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.

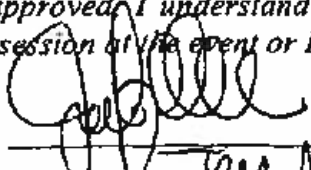
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Signature:  Date: 9-21-20  
 Printed Name: Jen Abrahamson

**APPROVAL FROM HARMONY CDD**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

**STATE OF EMERGENCY RIDER PAGE**

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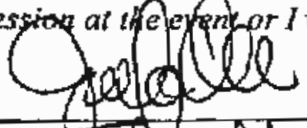
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Signature:  Date: 9-21-20  
Printed Name: Dan Abrahamson

**APPROVAL FROM HARMONY CDD**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_