# 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: Harmony Community Church				
Address: 3601 Arthur J Gallagher Blvd St Cloud FL				
Home Phone: 321-402-7612				
Fax:	E-mail:			
Fax: emily@ha EVENT INFORMATION Christmas Production				
Requested location: Harmony Town Square				
Event date(s): December 11, 2016				
Times From:(a.m./p.m.)	To: 8pm (a.m./p.m.)			
Anticipated # of attendees: 50 or less	What age group?All			

**NOTE:** If requesting use of a pool area, please be advised the access gates are <u>not</u> 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?	none
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:  $\Box$  Yes  $\blacksquare$  No

## CATERING

Will your event require catering?	$\Box$ Yes	⊠ No	
Name of Company: N/A			
Contact Person:			
Address:			
City:			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

#### 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), Florida 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, F.S.

#### SIGNATURE OF APPLICANT/EVENT ORGANIZER

#### **ACKNOWLEDGEMENT:**

- I understand that this is an <u>application</u> 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: Emily L. Buck	Date:	8/31/2016
Printed Name: Emily L. Buck	-	
APPROVAL FROM HARMONY CDD		
Signature:	Date:	
Printed Name:	-	
Title:	-	