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	10001
Name of Entity/Organization/Company:	farmous HROX
Address: 611 W. Mubbett	28t. () Kissummer fr. 34741
Type of Organization: Non-Profit I	Commercial Government Private a current 503(c)(3) certificate? Yes No
Content Person: JUN ADVALVAIMS	on E-mail Harmony achieved of
Work Phone:	Cell Phone: 14077090187 9MM
EVENT INFORMATION	
Type of event: WULTOV +CST	
Requested location: 1000 Sq	uave
Event date(s): 1 Time	es From: 5 (a.m(p.m) To 1 (a.m(p.m))
Anticipated # of attendees:	What age group! All
	e he udvised the access gates are not to be propped open at any serious cord reader access system, and propping the gates will where my 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.

Harmony COD Facility Usage Application (Company)

Any vendor who will sell ar give away me business license, and insurance on file with t	rchandise must have a vendor agreement, a copy of thei he Osceola County Parks and Recreation Department.
How many vendor/merchandise locations wi	Il your event require?
Please describe vendors/type that will occur	on day of event:
A complete detailed listing of names must names, addresses, phone numbers and agreement/contract for any service they will	be provided of all vendors. Please attach a list with the types of service of any person(s) that you have an provide for you.
Attached: Yes No	
CATERING	A.
Will your event require catering?	No
Name of Company:	7.
Contact Person:	
Address:	
City	State Zip Code:
Work Phone:	Pax:
Celly Pager:	Email:
/	
CONTACT INFORMATION	
Lucia a County Deep	mit or additional waste management services, as required i
the Harmony Community Development Disti	rict Parks and Recreation Facilities Policy.
Osceola County Zoning and Code Enforcem One Courthouse Square, State 1200, Kis Phone (407) 343-3400	simmee, FL 34741
Osceola County Parks and Recreation Depart One Courthouse Square, State 1200, Kis	giment: simmec, PL 34741
Phone (407) 343-2380	

Harmony CDD Facility Usage Application (Company) 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 SE LIABLE for any and all damages, losses and expenses incurred by the District, caused by the acts and/or umissions of the event organizer, or any of its agents, officers, directors, employees, consultants or timilar 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 indomnification clause in accordance with Section 768.28(19), FL Statutes.

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

SIGNATURE OF APPLICANT/EVENT ORGANIZER

- CONTINUE OF THE PERSON OF	NOMINIZER
ACKNOWLEDGEMENT:	
I understand that this is an application only Development District in any fashion to reserve	and does not abligate the Harmony Community any facility and/or approve any event
I have read, understand, and agree to ainde be Development District in Chapter 4, Parks and	of the policies set forth by the Harmony Community Recreation Facilities Rules.
possession at the Flent or I will be denied acc	0-9-20
Printed Name: JUNI FW A	balanson
APPROVAL FROM HARMONY CDD	
Signature:	Date:
Printed Name:	
Title:	

Harmony CDO Facility Usage Application (Company)

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, employers, consultants or similar persons. 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 assume 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.

THE EVENT ORGANIZER ACREES 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 ornissions 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 to my possession at the event or I will be denied access for this event.

Signature:

Printed Name:

Date

the symptom through the

APPROVAL FROM HARMON'	CDD	
Signature:	Date:	
Printed Name:		
Title:		