



PLEASANT VALLEY RECREATION AND PARK DISTRICT OUTDOOR FACILITY RENTAL APPLICATION

Today's Date: _____

Print Name of Applicant or Representative: _____

Name of Organization (If Applicable): _____

Phone: _____ Cell: _____ Email: _____

Street Address: _____ City: _____ Zip: _____

District Resident Non-District Resident Organization Community Service Group

FACILITY RENTAL INFORMATION

Facility Requested: _____ Reservation Date Requested: _____

Type of Event: _____ Estimated Maximum Attendance: _____

Time Reserved: _____ AM/PM to _____ AM/PM **4 Hour Minimum** *Time reserved must include setup and cleanup.*

ADDITIONAL INFORMATION

Inflatable Bounce: No _____ Yes _____

Vendors* (Caterer Band, DJ, etc.) or Other Attractions: No _____ Yes _____ Details: _____

Amplified Sound: No: _____ Yes: _____

Do you need access to electricity (Limited)? No: _____ Yes: _____

Will Alcohol be Consumed? No: _____ Yes: _____ *(If alcohol is being sold, an ABC license is required)*

Admission/Donation Required? No: _____ Yes: _____ How will the proceeds be used? _____

***NOTE: All Vendors Must Provide a Certificate of Insurance & Have a Business License to Operate in Camarillo**

As an Applicant, I hereby agree to abide by the rules and regulations of Pleasant Valley Recreation and Park District, and of the State of California. I further understand that this Reservation for Use of Facility is not complete and binding until all fees are paid in full and all information requested is submitted.

In consideration for being a participant in the programs offered by the District, I hereby consent and grant to the District the right, without fee, to make and use video recordings/still photographs of me, my minor children, and/or dependents in my car, in any manner or form, and for any lawful purpose at any time. I waive any right that I may have to review or approve the finished product, or the use to which it may be applied. I release and discharge the District and its employees from any liability to me, my children and/or dependents in my care by virtue of any representation that may occur in making, editing, or use of said video recordings/still photography.

Applicant agrees to be solely responsible for any and all liability, claims, loss damages, costs and expenses, including attorney's fees, arising out of or resulting from any injury/illness to persons or damage to property which arise out of its use of the District's facilities. Applicant agrees to defend, indemnify and hold harmless the District, its officers, agents, employees, and volunteers against any and all such claims, demands, causes of action, suits, and expenses arising out of or resulting from its use of the District's facilities.

Signature of Applicant/Responsible Party: _____ Date: _____

CARD NUMBER: _____ CVC/CVV: _____

NAME ON CARD: _____ EXP: _____

BILLING ADDRESS: _____

Please Return to csr@pvrpd.org or PVRPD, 1605 E. Burnley St. Camarillo 93010 PH: 805-482-1996 FAX: 805-482-3468