



Today's Date (Date Request Submitted):

Tournament / Special Event REQUEST/APPLICATION

Thank you for your interest in hosting an event with A.A. County Recreation & Parks. We ask that you please complete this facility use request form to begin the reservation process. Please note that all requests must be submitted at least 30 days prior to requested event date and this facility **request does not guarantee space availability**. Once completed, please email to the Facility Scheduling Office at permits@aacounty.org. Once we have reviewed your request we will contact you to confirm or discuss your event. Please allow 2-3 business days for a response.

APPLICANT INFORMATION

Primary Event Contact: _____ **Sponsoring Organization:** _____

Backup Contact: _____ **Backup Phone:** _____

Billing Address: _____
Address City State Zip

Contact Phone: _____ **Cell #:** _____

E-Mail: _____ **OTHER:** _____

EVENT INFORMATION

Event Name: _____ **Event Type:** _____

Event Website/URL: _____

Description of Event: _____

Requested Event Date(s): _____ **Event Start Time:** _____ **Event End Time:** _____

2nd Choice Date (if applicable): _____ **Event Start Time:** _____ **Event End Time:** _____

3rd Choice Date (if applicable): _____ **Event Start Time:** _____ **Event End Time:** _____

Event Start Time: _____ **Event End Time:** _____ **Set-Up Date:** _____ **Set-Up Time:** _____

Type of Venue requested: _____

Facility/Field: _____ Facility/Field: _____

Facility/Field: _____ Facility/Field: _____

Facility/Field: _____ Facility/Field: _____

Facility/Field: _____ Facility/Field: _____

Please provide a brief description of your program:

Number of anticipated participants: _____

Approximate cost per participant: _____

What is unique about your event: _____

Please provide any other information you feel may be helpful for your event:

INSURANCE REQUIREMENTS

Applicants for a Special Event Permit are required to submit a "Certificate of Insurance" in the amount of \$500,000 worth of general liability and \$500,000 worth of insurance aggregate coverage that names the Anne Arundel County Recreation & Parks as additional insured for the event. The Certificate of General Liability Insurance must reflect the following statement, "Anne Arundel County Maryland, its Officers, Agents and Employees are additional insured." The Anne Arundel County Recreation & Parks does not sell insurance. However, this type of insurance policy can be acquired from most types of private insurance carriers. **Your permit will not be issued if the insurance certificate has not been received.**

RELEASE AND HOLD HARMLESS

The undersigned hereby makes application to Anne Arundel County Recreation & Parks (AACRP) for the use of a park or public space and certifies that the information given in this application is correct. The undersigned further states the he/she has the authority to make this application for the applicant or organization and agrees that the Applicant has received, reviews, understands, and will observe the Department's policies and procedures. The applicant agrees to exercise the utmost care in the use of the AACRP property; the applicant further agrees to reimburse the Anne Arundel County Recreation & Parks Department for any damage arising from the applicant's use of the property. The applicant hereby shall assume all risks incident to or in connection with the permitted activity and shall be solely responsible for damage or injury, including death, of whatever kind or nature, to person or property, directly or indirectly arising out of or in connection with the permitted activity or the conduct of applicant's operation. Applicant hereby expressly releases Anne Arundel County Recreation & Parks from any claims for damages and/or injuries, including death, and agrees to defend and save the Department harmless from any penalties for violation of law, ordinance, or regulation affecting its activity and from any and all claims, suits, losses, damages or injuries, including death, directly or indirectly arising out of or in connection with the permitted activity or conduct of its operation or resulting from the negligence or intentional acts or omissions of applicant or its officers, agents and employees.

My signature below acknowledges that I have read and understand the above terms and conditions.

Applicant Signature _____ Title: _____

Date: _____