



County Park Use Application

ANNAPOLIS RECREATION ASSOCIATION SCHEDULING AREA

SUBMIT ONE APPLICATION FOR EACH SPACE REQUESTED

NAME OF ORGANIZATION / GROUP / AGENCY		APPLICANT'S NAME		APPLICANT'S TITLE	
APPLICANT'S ADDRESS		CITY		STATE	ZIP
DAYTIME TELEPHONE	NIGHT TIME TELEPHONE	ACTIVITY SPORT		<input type="checkbox"/> Accredited <input type="checkbox"/> Non-Accredited	

Does the proposed use of the requested facility include:

A fundraising event beyond the normal participation fees or concession proceeds? Yes No *If the answer to either of these questions is "Yes", the applicant must also submit a Special Event Information Form.*

A special event such as a tournament, athletic camp or clinic, outdoor fair, etc.? Yes No

Non-Accredited Organizations:

Non-Accredited Organizations must submit an Organizational Declaration Affidavit. Forms are available online - www.aacounty.org/recparcs

Is your planned activity physical or athletic in nature? Yes No *If "Yes", proof of \$500,000 of Liability Insurance is required.*

COUNTY PARK	SPACE NAME (Select One)		
Bestgate Park	<input type="checkbox"/> #1 90' Baseball / Multipurpose(Outfield Overlay)	<input type="checkbox"/> Basketball Court	<input type="checkbox"/> Tennis Court
Crownsville Hospital	<input type="checkbox"/> #1 Baseball (Along Crownsville Road)	<input type="checkbox"/> #2 Baseball (Behind Hospital)	
General's Highway Corridor Park	<input type="checkbox"/> #1 70' Baseball	<input type="checkbox"/> #2 90' Baseball / Multipurpose(Lighted - Overlay)	<input type="checkbox"/> #3 60' Softball
	<input type="checkbox"/> #4 90' Baseball	<input type="checkbox"/> Multipurpose A(Lighted)	<input type="checkbox"/> Multipurpose B <input type="checkbox"/> Volleyball Court
Peninsula Park	<input type="checkbox"/> #1 60' Baseball	<input type="checkbox"/> #2 70' Baseball	<input type="checkbox"/> #3 90' Baseball
	<input type="checkbox"/> Multipurpose A	<input type="checkbox"/> Multipurpose B (Lighted)	
Other (Specify)	<input type="checkbox"/> Location	Space	

DATE(S) OF REQUESTED USE		DAY(S) OF WEEK REQUESTED							HOURS REQUESTED			
FROM DATE	TO DATE	SUN	MON	TUE	WED	THU	FRI	SAT	FROM TIME	AM/PM	TO TIME	AM/PM

Indemnity Agreement - Each party or person using the County facility described in this application acknowledges and agrees that neither Anne Arundel County nor its agents and employees shall be responsible for any expenses, losses, damages, claims, lawsuits, or liabilities that are in any way caused by or result from the use of the County property authorized by the permit. Additionally, each party or person using the County facility described in this application acknowledges and agrees that each such party or person is jointly and individually responsible for any and all expenses of, cost of defense, losses to, damages or claims made against Anne Arundel County or their agents and employees that are in any way caused by or result from the use of the County property under this permit.

Tobacco, Drug and Alcohol Prohibition - No drugs or alcohol of any kind are permitted in or on any Department of Recreation and Parks buildings or grounds at any time – 24 hours per day, 7 days per week. No tobacco product of any kind is permitted in restrooms, spectator and concession areas, dog parks, aquatic facilities or playgrounds in any County recreational facility or park. All tobacco use of any kind is prohibited within 100 yards of an organized activity at a County recreational facility or park.

_____ APPLICANT'S SIGNATURE	_____ DATE
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FOR OFFICIAL USE ONLY	DATE RECEIVED:	APPLICATION #:
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