

LEBRIGHT FIELDS APPLICATION

City of Hughson 7018 Pine Street / P.O. Box 9 Hughson, CA 95326

PH: 209-883-4054 / FAX: 209-883-2638

Applicant Name:			Email Address:		
Address:		City/State/Zip:			
Mailing Address (If Different):			City/State/Zip:	ty/State/Zip:	
Phone:	Alternate Contact:			Alt Phone:	
Event Date(s):		Days of the Week:		Requested Hours:	
Type of Event:					
Classification: General Public Private Event for a Minor: Y / N					
	old ff Site	Alcoho	Served to	A letter must be submitted to the ommunity Development Department orequest approval of alcohol at any ark event.	
Entertainment: Y / N Booth: Y / N Tent: Y / N Size of Tent:					
Street Closure: Y / N *Permit Required* Inflatable: Y / N *Permit Required*					
Field 1 (Ages 10 and under ONLY) Field 2 Field 3 Field 4 Field 5 Tournament/All Fields: Lights: Y / N					
** PROOF OF LIABILITY INSURANCE IN THE AMOUNT OF \$1,000,000 IS REQUIRED FOR ALL PARK RENTALS **					
Waiver and Release Applicant, on behalf of itself and applicant's officers, directors, members, managers, partners, employees, agents, contractors, representatives, guests, invitees, and participants (collectively, "Applicant"), waives and releases the City of Hughson, its Council members, officers, employees, agents, contractors, and other representatives (collectively, "City"), from any and all liability, demands, claims, costs, losses, damages, recoveries, settlements, and expenses (including interest, penalties, attorney fees, accounting fees, and expert witness fees) incurred by City (collectively, "Losses"), known or unknown, contingent or otherwise, directly or indirectly arising from or related to the event(s) or activity/ies described in this Form, except where the Losses are caused by the sole negligence or willful misconduct of City. Applicant understands this release includes claims or causes of action that may be unknown by Applicant, and Applicant assumes this risk. Further, Applicant will indemnify, defend, and hold harmless City against all Losses, known or unknown, contingent or otherwise, directly or indirectly arising from or related to the event(s) or activity/ies described in this Form, except where the Losses are caused by the sole negligence or willful misconduct of City. Losses includes, without limitation, claims or causes of action or damages relating to infection of any person or animal by COVID-19 or other disease that occurs, or is alleged to occur, during or related to the event(s) described in this Form. I declare I am the Applicant, or a representative of Applicant duly authorized to submit this Form, and the information provided in this Form is true and correct to the best of my knowledge. I understand and agree City's authorization, if given, of Applicant's use of LeBright Field may be withheld, conditioned, delayed, amended or revoked for any or no reason, with or without notice.					
Signature				Date	

Field 1: \$15/Non Local \$30 - Non-Profit \$10/Non Local Non-Profit \$20 Field 2,3,4,5: \$10/Non Local \$20 - Non-Profit \$5/Non Local Non-Profit \$10

Tournament: \$75/Non-Local \$150 - Non-Profit \$50/Non Local Non-Profit \$100 HUGHSON YOUTH BASEBALL ASSOCIATION: \$200 Per Month (January - July)

Total AMT Due: _____ Paid: Y / N