

EATONVILLE VISITOR CENTER - FACILITY USE AGREEMENT

**Town of Eatonville
130 Mashell Ave N / PO Box 309
Eatonville, WA 98328
360-832-3361**

ORGANIZATION/AGENCY/ BUSINESS:

PERSON IN CHARGE:

BUSINESS PHONE #: _____

EMAIL:

ADDRESS: _____

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IN CONSIDERATION FOR BEING PROVIDED A LICENSE TO USE TOWN PROPERTY, APPLICANT HEREBY AGREES TO RELEASE, DEFEND, INDEMNIFY AND HOLD HARMLESS THE TOWN, ITS APPOINTED AND ELECTIVE OFFICERS, AND ITS EMPLOYEES FROM AND AGAINST ALL CLAIMS, DEMANDS, LIABILITIES, LAWSUITS, LOSSES, AND EXPENSES (INCLUDING BUT NOT LIMITED TO JUDGMENTS, SETTLEMENTS, ATTORNEY'S FEES AND COSTS) OCCURRING DURING OR ARISING OUT OF APPLICANT'S USE OF TOWN PROPERTY. THIS RELEASE EXTENDS TO ANY CLAIM, DEMAND, LIABILITY, LAWSUIT, OR LOSS THAT RESULTS IN ANY PERSONAL INJURY OR DEATH TO ANY PERSON; AND/OR ANY PROPERTY INJURY, DAMAGE, OR LOSS, INCLUDING ANY LOSS OF USE AND/OR CONSEQUENTIAL DAMAGES RESULTING FROM SUCH LOSS. APPLICANT AGREES THAT HE/SHE/IT IS RESPONSIBLE FOR SUPERVISION AND CONTROL OF GROUP OR INDIVIDUALS TO PREVENT INJURY AND ENSURE SAFETY, AS WELL AS ALL ASPECTS OF USE, INCLUDING PAYMENT OF FEES AND CHARGES, DAMAGE TO EQUIPMENT, PROPERTY OR GROUNDS OR ANY OTHER INCIDENT WHICH MAY OCCUR.

I, THE UNDERSIGNED AND HAVING AUTHORITY TO SIGN ON BEHALF OF THE ABOVE-NAMED APPLICANT, UNDERSTAND THAT ALL TOWN OF EATONVILLE ORDINANCES APPLY TO THIS RENTAL APPLICATION. I UNDERSTAND THAT, AS A CONDITION OF THE TOWN GRANTING THIS LICENSE, I MUST OBTAIN AND COMPLY WITH ALL REQUIRED LICENSES AND PERMITS THAT APPLY TO THE INTENDED ACTIVITY, INCLUDING BUT NOT LIMITED TO ALCOHOL SALE AND DISTRIBUTION, IF APPLICABLE. APPLICANT MUST PROVIDE THE TOWN PROOF OF INSURANCE IN THE AMOUNT OF ONE MILLION DOLLARS PER INCIDENT. I ACKNOWLEDGE THAT I HAVE HAD AMPLE OPPORTUNITY TO REVIEW THE INFORMATION ON THIS FORM, INCLUDING THE OPPORTUNITY TO CONSULT WITH INDEPENDENT LEGAL COUNSEL REGARDING THE SAME. IN CONSIDERATION FOR THE LICENSE GRANTED BY THE TOWN, I HEREBY AGREE TO ALL TERMS HEREIN.

NAME (PLEASE PRINT) _____ SIGNATURE _____ DATE _____
(IF APPLICANT IS A BUSINESS/ORGANIZATION, SIGNATORY WARRANTS THAT HE/SHE HAS
AUTHORITY TO SIGN ON BEHALF OF SAID BUSINESS/ORGANIZATION)

FOR OFFICE USE ONLY

Approved by Mayor: _____ **Date:** _____

Date Applicant Was Called: