



Center Fee:  Cash  Check  CC  
 Check # \_\_\_\_\_  
 Center Deposit:  Cash  Check  CC  
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**Recreation Department**  
 705 W. Union St.  
 /Benson, AZ 85602  
 (520) 720-6044

**PARK USE PERMIT APPLICATION**

This application must be returned to the Recreation Department no less than **45** days before the scheduled event. Application will NOT be considered with out required paperwork.

**APPLICANT INFORMATION**

Name and Title (If Applicable):

Organization Name (If Applicable):

Applicant or Organization Mailing Address

Primary Phone:

Secondary Phone:

Email Address:

Insurance: Events held on City property are required to include a certificate of liability insurance of one million dollars (\$1,000,000) and appropriate endorsements naming the CITY OF Benson AND ITS OFFICIALS, OFFICERS, EMPLOYEES AND AGENTS AS ADDITIONALLY INSURED. Applicants policy is primary and non-contributory and subrogation must be

**SECTION A: LOCATION OF RENTAL: RAMADAS ARE AVAILBLE FOR RESERVATION IN PREDETERMINED 4 HOUR TIME BLOCK**

Expected Attendance: \_\_\_\_\_ Event Date(s): \_\_\_\_\_ Private Party  Special Event

Lions Park:  #1  #2  #3  #4  #5  #6  #7  #8

Special Request: Lions Park Only  Electric  Volleyball Nets  Horseshoe Pits

Time Blocks:  10:00am - 2:00pm  2:00pm - 6:00pm  6:00pm - 10:00pm

Union Street Park  Pool Ramada #1  Pool Ramada #2  Grass Area

Veterans Memorial Park  Apache Park

**INDICATE IF YOUR EVENT WILL INCLUDE THE FOLLOWING:**

Inflatables/Water Slide? If yes, Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

The equipment provider **Must** be approved City of Benson

Water/Electrical Hook-ups ?

Cooking/Open flames?

Musical Entertainment/Sound Amplification equipment

Is food being prepared?

Temporary Fencing

Is food being prepared?

Is food being sold?

Please review the Arizona Department of Health Services Food Safety Regulations by visiting  
<http://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/food-safety-environmental-services/az-food-code.pdf>

A food vendor permit must be completed and returned to the Cochise County Health Department at least 14 business days prior to the event. Contact the Benson Office at (520) 586-8200

Please attach a list of all food and retail vendors including business name, contact name, and telephone number

**OFF - DUTY CITY EMPLOYEE REQUEST**

Consult the Recreation Department to determine if your event requires the presence of a City employee for which compensation must be paid.

Off-Duty Police Officer: Contact the Benson Department at (520)586-2211

**APPLICATION TERMS AND CONIDITONS**

By signing this document, Applicant agrees to the following:

- \* Facility fees are subject to change as the City evaluates new rates.
- \* The applicant does not have ownership of the roadway.
- \* Liability insurance must be submitted prior to utilizing City facilities.
- \* Applicant may be required to sign updated facility use document if changes to the permit process occur.
- \* Applicant understands the risk of COVID-19 and will have signed waivers for the event at City Facilities.

See Attachment 1

**PERMIT HOLDER INITIALS** \_\_\_\_\_

**SPECIAL EVENT PERMIT AGREEMENT AND ACKNOWLEDGEMENT**

Applicant shall indemnify, defend, save and hold harmless the City of Benson and its officers, officials, agents and employees (hereinafter referred to as "Indemnitee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorney's fees, and costs of claim processing, investigation and litigation) for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused in whole or in part, by the negligent or willful acts or omissions of Applicant or any of its owners, officers, directors, agents, employees, subcontractors or invitees. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of Applicant to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the Indemnitee shall, in all instances, except for claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by Applicant from and against any and all claims. It is agreed that Applicant will be responsible for primary loss investigation, defense and judgement costs where this indemnification is applicable. In consideration of permission to hold the event, Applicant agrees to waive all rights of subrogation against the City, its officers, officials, agents and employees for losses arising out of or resulting from the event. The City reserves the right to refuse installation of amusements or facilities that violate safety regulations. If Applicant is acting on behalf of an organization, Applicant certifies that he/she is an authorized officer of the Applicant or the agent of the organization, is acting on the organization's behalf, and is duly authorized to execute this Agreement and Acknowledgement on the organization's behalf. Applicant further certifies that he/she has read and understands all the terms of this Agreement and Acknowledgement, agrees that the Applicant shall be bound by its terms and conditions, and is of lawful age and legally competent to sign this

**The City of Benson Parks and Recreation Department is not responsible for notifying applicant of other events or usage of facilities in the park after issuance of permit**

Agreement and Acknowledgement. The City's issuance of a special event permit shall constitute a written agreement or contract between the City and Applicant for purposes of insurance requirements. Applicant agrees to the payment of all non-refundable and refundable fees specified in this document unless otherwise authorized by the Recreation Department. Applicant further acknowledges that depending upon the nature and location of the Applicant's special event, additional permits may be required. The City reserves the right to withhold cleaning/damage deposits depending on the condition that the facility is in when the permit expires.

PERMIT Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Authorized Signer (City Official) \_\_\_\_\_

Date Signed \_\_\_\_\_