



404 Comanche Street
 Kiowa, CO 80117
 Phone: (303) 621-2366

\$50.00 APPLICATION FEE DUE AT SUBMITTAL. (\$25 will be refunded after event if park is found to be clean and free of damage.)

PARK EVENT APPLICATION

DATE: _____

EVENT DATE(S): _____

TO BE COMPLETED BY APPLICANT

Event Name: _____ **Will this Event Be Open to the Public?** Yes No

Applicant Name: _____ **Phone:** _____

Organization: _____ **Phone:** _____ **Email:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Event Description: _____

Event Setup Time: _____ **AM/ PM** **Take Down Time:** _____ **AM/ PM**

Event Start Time: _____ **AM/ PM** **Finish Time:** _____ **AM/ PM**

Location of the Event (Provide Map) _____

Number of Participants: _____

Participant Assembly Site: _____ **Dispersal Site:** _____

Will There Be Music at the Event? Yes No **Will it be amplified?** Yes No

Emergency Contacts:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

AS THE EVENT REPRESENTATIVE I HAVE READ, UNDERSTAND, AND AGREE TO ALL REGULATIONS ASSOCIATED WITH THIS EVENT/ STREET CLOSURE. I AGREE TO RELEASE, WAIVE, DISCHARGE, AND INDEMNIFY THE TOWN OF KIOWA, ITS OFFICERS, AGENTS, CONSULTANTS, AND REPRESENTATIVES (COLLECTIVELY, THE "TOWN") FROM ANY CLAIM OF LOSS, DAMAGE, OR INJURY TO OURSELVES OR TO OTHERS AS A RESULT OF THE ABOVE DESCRIBED PARK EVENT. I FURTHER AGREE TO HOLD THE TOWN OF KIOWA HARMLESS OF ANY CLAIMS, AMOUNTS, AND/ OR DAMAGES THAT MAY ARISE DURING THE PERMIT PROCESS, AND RELEASE THE TOWN OF KIOWA FROM ANY LIABILITY WHICH MIGHT BE INFLICTED ON THIRD PERSONS OR PROPERTY DURING THE PERMIT PERIOD. NO STAKING DOWN TENTS, NETS, ETC.

APPLICANT SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY

FEE PAID: _____
 Amount Date

FEE REFUNDED: : _____
 Amount Date

PRE-EVENT INSPECTION: _____
 Date By (initial)

POST-EVENT INSPECTION: _____
 Date By (initial)