

LOS ALAMOS PARK APPLICATION

Dates are reserved on a first-come first-serve basis. To drop off an application please email Rentals@FountainValley.org, or call 714-839-8611 to schedule and appointment. Please allow at least 5 business days for rental processing

PLEASE READ COMPLETELY AND INITIAL

The renter shall keep and maintain the rented facility during the terms of the rental. The renter shall keep the equipment in a good state, normal wear and tear expected. The renter shall pay the City of Fountain Valley full compensation for replacement and/or repair of any equipment not returned because it is lost, stolen, or damaged and in need of repair, to put it into the same condition it was in at the time of the rental. Initials: _____

(Please read carefully before signing) I hereby forever release, indemnify, covenant not to sue, discharge, and hold harmless the City of Fountain Valley and its officers, employees, agents, and representatives from any liability, claim, or action for damages resulting from or in any way arising out of the use of the facility or equipment. I agree to abide and enforce the rules, regulations and policies governing the facility as set forth by the City. Said patron will accept all responsibility for any damage to premises, furniture, equipment, or grounds resulting from use of facility. Said Patron will accept responsibility for injuries, death, communicable diseases, illness, viruses, and/or damages arising from the rental of a city facility including, but not limited to, losses caused by the passive or active negligence of the released parties or of hidden, latent or obvious defects, or dangerous conditions in any City property. This RELEASE shall remain in effect until revoked. A copy of this Release may be used to the same extent as the original. I understand that facility rentals may involve risks and dangers that no amount of care, caution, instruction or expertise can eliminate and I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF INJURY while renting any city facility. Initials: _____

Signature: _____

Date: _____

RENTAL INFORMATION

Name: (print)		Organization Name: (if applicable)	
Address:		City:	Zip:
Phone:		Email:	
Requested Date Month:	Day:	Year:	Day: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
Start Time:	End Time:	Estimated Attendance:	
Check-out Date:	Check-in Date:	Copy of ID Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	

KEY INFORMATION

Check out date and time:	Renter initials:	Staff initials:
Return date and time:	Renter initials:	Staff initials:

For questions or information please contact
 Phone: 714-839-8611 | Email: Rentals@fountainvalley.org

Staff Initials: _____

Staff Use Only
 Date and Time Received: _____