

**DETROIT RECREATION DEPARTMENT  
FILMING REQUEST FORM**

3 copies of this request must be submitted thirty (30) days prior to the requested rental date.

Name of Company: \_\_\_\_\_

Name and Title of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Center Requested: \_\_\_\_\_ Room(s) \_\_\_\_\_ No. of Staff Expected: \_\_\_\_\_

Day of the Week Requested: \_\_\_\_\_ No. of Days requested: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_

Other Services Requested:

\_\_\_\_\_

Give a brief description of the purpose of your event and describe how it will be conducted:

Purpose:

\_\_\_\_\_

How will the event be conducted:

\_\_\_\_\_

**RELEASE OF LIABILITY**

The \_\_\_\_\_ (name of organization) shall indemnify the City of Detroit, Recreation Department and its employees and hold them harmless from and against any and all loss, damages, liability, claims, actions, suits, proceeding of every kind or character arising out of injury, including death, of persons or damage to property due in whole or in part to the sponsoring organization's special event.

**By signing below the organization/ group certifies that it:**

- does not discriminate against any individuals regardless of race, sex, creed, or national origin;
- will present documentation of liability insurance, where required, in an amount determined by the Detroit Recreation Department;
- will use the facility only for the purpose stated above; and,
- agrees to reimburse the City of Detroit for the cost of any damage to the building or equipment during the use of the facility, and/or added cleaning costs incurred.

**Alcoholic beverages are prohibited. Fund Raising events are prohibited unless approved in advance by the Detroit City Council. Any person or organization violating these prohibitions will be prosecuted to the fullest extent of the law.**

I, the undersigned, have read and understand all the terms of this agreement and will conform to all the regulations expressed in this document.

**Signature of person authorized to sign for organization/group:**

\_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Approval of this request does not give or confer exclusive use of facility by this group and/ or organization.

FOR RECREATION DEPARTMENT USE ONLY

Recommendation for Approval or Disapproval

Insurance documentation required? \_\_\_\_ Yes \_\_\_\_ No      Documentation: \_\_\_\_ Attached \_\_\_\_ On File

Has the group previously used this Facility? \_\_\_\_ Date \_\_\_\_\_ Previous Charge \_\_\_\_\_

Recreation Center Supervisor's recommendation: \_\_\_\_ Yes \_\_\_\_ No      Fees Suggested: \$ \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

Signature (Recreation Center Supervisor)

Comments: (If recommending the denial of this request or wavier of fee, indicate reason)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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General Manager's recommendation: \_\_\_\_ Yes \_\_\_\_ No      Fees Suggested \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

Signature (General Manager)

If recommending the denial of this request or wavier of fee, indicate reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Approved \_\_\_\_\_ Denied \_\_\_\_\_

Security Deposit \_\_\_\_\_ Service Fee \_\_\_\_\_ Amt. Insurance Required \_\_\_\_\_

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date