



DETROIT RECREATION DEPARTMENT FACILITY REQUEST FORM

This request must be submitted thirty (30) days prior to the requested rental date.

Name of Organization: _____

Name and Title of Contact Person: _____

Address: _____ Zip _____ Phone: (_____) _____

Center Requested: _____ Rooms(s) _____ No. of People Expected: _____

Day of Week for Activity: _____ No. of Days requested: _____

Starting Date: _____ Ending Date: _____ Hours _____ to _____

Admission Fees: _____ Open to the Public? _____ No. of Chairs Requested: _____ No. of Card/Banquet Tables: _____

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.
- agree(s) to abide by all rules and policies of the City of Detroit and the Detroit Recreation Department. I/We also agree that all information submitted in this Facility Request Form is true and accurate to the best of my/our knowledge and I/We hereby request that the Detroit Recreation Department consider my/our request for approval. I/We agree at my/our own expense to defend, indemnify, save and hold harmless the City of Detroit, its officers, employees and agents against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges, and expenses (including without limitation, fees and expenses of attorneys, expert witnesses and other consultants) which may be imposed upon, incurred by or asserted against myself/us by reason of or resulting from my/our use of Recreation Property as described herein.

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 DETROIT RECREATION DEPARTMENT USE ONLY

Recommendation for Approval or Disapproval

If facility request is for a non-profit organization, appropriate documentation must be attached or on file with the Recreation Department. Identify the type of non-profit organization / group:

Block Club _____ Community Group _____ Church _____ Other _____

Non-Profit documentation required? _____ Yes _____ No Documentation: _____ Attached _____ On File

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)

District Manager's recommendation: _____ Yes _____ No Fee Suggested _____

_____ Date _____

Signature (District Manager)

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

Approved _____ Denied _____

Security Deposit _____ Service Fee _____ Amt. Insurance Required _____

Check / MO #

Receipt #

Deposit Amount

Deposit Date

General Manager

Date