

407-599-3334 • 407-599-3454 fax cityofwinterpark.org

Parks & Recreation

Special Use Authorization Permit

Applicant Information:			
Name:	Phone Number:		
Address:	City: _	State: _	Zip Code:
Will equipment be used? Yes	No		
Permit Use Information:			
Park/Facility:		Date of Use:	Time of Use:
Type of Use:	Attendance:		
Additional Equipment Informa What Type: Vendor Phone Number:			
Vendor Address:	City	y: State: _	Zip Code:
Insurance Information:			
*A certificate of insurance is requocc, \$1,000,000 aggregate.	uired having	the City listed as an ac	lditional user, \$500,000 per
Proof of Insurance Submitted?	Yes	No	

I agree to hold harmless, indemnify and defend the City, its representatives, officers, agents, affiliates, or employees, from and against all liability, suits, action, claims, costs, expenses or demands (including, without limitation, suits, actions, claims, costs, expenses or demands resulting from death, personal injury and property damage) or expenses of every kind and character, including reasonable attorneys' fees, costs and appeals, arising or resulting, in whole

or in part, as a result of any tort, intentional action, negligent acts or omissions on the part of myself, my agent(s), servants, employees, contractors, subcontractors, participants, guests, or invitees arising out of or in any way connected with my access to the Property for removal of purchased surplus property or arising out of or in any way connected with any act, intentional or otherwise, of the City. This indemnification provision shall be in force and effect for the date of preview, purchase and pickup of items. This indemnification provision includes claims made by the entitlement, if any, to immunity under Section 440.11, Florida Statutes. Nothing claimed herein shall be construed as a waiver of any immunity or limitation of liability the City may have under the doctrine of sovereign immunity of Section 768.28, Florida Statutes.

Signature:	Date:	Department Auth: