

INSTRUCTIONS

- Please review the City of Edmonds Athletic Field Use and Reservation Policy on the City's website for detailed information regarding reservations, requirements, pricing and submittal deadlines.
- Questions may be directed to 425-771-0230 or FieldReservations@edmondswa.gov.
- Complete pages 1-4 and return to Edmonds Parks, Recreation & Human Services to request field reservations. Mail/Deliver to: 700 Main St. Edmonds, WA 98020 or FieldReservations@edmondswa.gov.

APPLICANT INFORMATION

Name of Organization or Organizer: _____

Classification: Non-Profit, ID# _____ Private Citizen or Group For-Profit / Commercial

Residency Status: Resident (65% or more participants live in Edmonds) Non-Resident

Organization Website Address: _____ Primary Phone : _____

Billing Address: _____ City, ST Zip: _____

ORGANIZER/AUTHORIZED REPRESENTATIVE INFORMATION

Name of Primary Contact Person: _____ Position: _____

Email Address: _____ Phone Number: _____

Billing Contact Person: Same as above or Name: _____

Email Address: _____ Phone: _____

GENERAL ACTIVITY INFORMATION (Complete ALL that apply)

Activity Title: _____ Sport Type: _____

Field Use Type: Game (s) Practice Camp/Clinic One-Time Use

Activity Start Date: _____ Activity End Date: _____

Target Age Range (s): _____ # of participating teams: _____ Average # of players per team: _____

SPECIAL REQUESTS (Complete ALL that apply)

Use of amplified sound, if yes describe: _____ Use of lights (Civic Center Playfield Only)

Use of City Utilities: Potable Water Electricity Purpose: _____

Other Requests:

FIELD RESERVATION INFORMATION

Preferred Field (number your top three choices with #1 being your top choice):

☐ Frances Anderson Center (select all that apply): Multi-Purpose Grass Field Youth Softball/Baseball Field
☐ City Park (select all that apply): Multi-Purpose Grass Field Youth Softball/Baseball Field
☐ Civic Center Playfield (select all that apply): Full-Sized Grass Soccer Field with lights (300' x 100')
 Mini Grass Field (160' x 100')
☐ Hickman Park (select all that apply): Multi-Purpose Grass Field Youth Softball/Baseball Field
☐ Pine Street Playfield : Youth Baseball/Softball Field
☐ Seaview Park (select all that apply): Multi-Purpose Grass Field Youth Softball/Baseball Field
☐ Sierra Park : Youth Baseball/Softball Field

Reservation Dates Requested:

	Day of Week							Start Date	End Date	Start Time	End Time
Practice Game Other*	M	Tu	W	Th	F	Sa	Su				
Practice Game Other*	M	Tu	W	Th	F	Sa	Su				
Practice Game Other*	M	Tu	W	Th	F	Sa	Su				
Practice Game Other*	M	Tu	W	Th	F	Sa	Su				
Practice Game Other*	M	Tu	W	Th	F	Sa	Su				

***If activity is "Other" than Practice or Game, please describe:**

Describe equipment you wish to setup for your activity (note: vehicles are not allowed on fields and stakes/ground penetrating devices are also not allowed for example: sandbags must be used to hold town tents vs. stakes):

Additional comments or requests:

ACKNOWLEDGEMENTS

Initials & Signature of the Organizer or Organizer's Authorized Representative is required in the Acknowledgement and the Hold Harmless & Indemnification sections below indicating understanding of the statements and intent to comply.

_____ **Minimum Age.** I certify that I am 18 years of age or older and that I am an authorized representative of the Organization/Organizer.

_____ **Residency.** I understand that the City of Edmonds may request an audit on the residency status of my organization at any time. To be considered local at least 65% of registered participants must be Edmonds Residents.

_____ **Application Timeline.** I understand that I may expect receipt acknowledgement from the Edmonds Parks, Recreation and Human Services Department within 10 business days of my application submittal.

_____ **Insurance.** The City of Edmonds does not maintain insurance that will respond to claims against me, the Organizer, arising from my use, my affiliated organizations members/participants' use or use by those attending my activity. When required by the City, I will provide written documentation meeting the minimum requirements outlined in the City's Athletic Field Use and Reservation Policy as proof of my general liability insurance coverage.

_____ **Field Use & Park Rules.** I, the Organizer have read, understand and agree to abide by all field use policies and park rules described in the City's Athletic Field Use & Reservation Policy.

_____ **Alcohol & Marijuana.** Washington State law prohibits the consumption or use of alcohol or marijuana products in any form in public places, which includes the City of Edmonds park facilities. It also prohibits the opening of packages containing alcohol or marijuana products in any form. Please refer to the Revised Code of Washington (RCW) sections 66.44.100 and 69.50.445 for detail. A person who violates these sections is guilty of a class 3 civil infraction under chapter 7.80 of the RCW.

_____ **Standard of Behavior.** I, the Organizer, understand that I, my affiliated members/participants and those in attendance of my activity are expected to obey all laws governing the City of Edmonds and the State of Washington and to behave in a respectful manner during our use of the playfields. Fighting, abusive or threatening language, public urination, intoxication, and littering are examples of behaviors that are considered unacceptable. I understand it is my responsibility to address unacceptable behavior if it occurs. The City of Edmonds may at its discretion terminate my Field Use Permit if unacceptable behavior concerns persist.

_____ **Youth Program Concussion & Head Injury Protocol, Sudden Cardiac Arrest, Equity and Non-Discrimination.** I attest that I have read and understand the Zackery Lystedt Laws (Youth Sports Concussion and Head Injury Law), Gender Equality Bill for Community Athletics programs and Title IV, Civil Rights Act and agree to ensure the organization I represent will comply.

_____ **Field Prep & Cleanup.** Equipment I wish to setup to support my activity must be preapproved, in writing, by the City. I understand that I am responsible for leaving my designated playfield area free of debris and garbage upon my activity's conclusion. I will place garbage created by my activity in the waste receptacle provided onsite or I will haul it off-site. I also understand that I will be responsible for payment of a cleanup fee when the City deems my post-activity cleanup was inadequate.

_____ **Cancellations & Changes.** I understand that once my application is approved, the Cancellation, Rescheduling and Refund Policy described in the City's Athletic Field Use and Reservation Policy applies.

_____ **Departmental Access.** I understand that City of Edmonds Parks, Recreation and Human Services authorized representatives shall have free access to the premises at all times.

_____ **Private Vehicles.** My personal vehicles and those of my affiliated participants and guests are not permitted on the playfields at any time without prior written approval from the City of Edmonds.

_____ **Playfield Conditions.** I understand that my playfield reservations may be cancelled at the City's discretion when It has determined imminent conditions exist that could potentially cause damage to the playfields or put field users' safety at risk. Should this occasion occur, I can expect the City to notify me with as much advance notice as is feasibly diligent.

_____ **COVID Protocols.** I acknowledge Washington State guidance regarding COVID restrictions and agree to comply with guidance in effect during my activity. I affirm that protocols have been developed to comply with State guidance and have been approved by the Snohomish County Health Department.

HOLD HARMLESS & INDEMNIFICATION AGREEMENT

With my signature below, I the Organizer or Authorized Representative of the Applicant, hereby request of the City of Edmonds the use of the City facilities as described herein and certify that the information in this request is correct and complete. I agree that no persons will be excluded from participation in, or denied the benefit of, or otherwise subjected to discrimination because of the person's race, color, national origin, age, handicap or other protected class status during my use of the City's facilities. I further agree to exercise the utmost care in my use of the City's facilities and agree to reimburse the City for any costs incurred by the City in repairing damage to its facilities caused by my activity.

I agree to defend, indemnify and hold harmless the City of Edmonds, its elected officials, appointed officers, employees and agents from all liability resulting from my use of City facilities except only such liability as shall have been occasioned by the sole negligence of the City of Edmonds. I agree to observe and comply with all provisions of laws and ordinances governing the City of Edmonds and the State of Washington.

Printed name of Organizer or Authorized Representative: _____

Signature of Organizer or Authorized Representative: _____

I understand that checking this box and typing my digital signature constitutes a binding agreement.

PAYMENT SCHEDULE & INSURANCE REQUIREMENTS

When the final field allocation is approved and a facility use permit has been issued 50% of the field rental fee is due. The balance of the field rental fee is due within 30 days of final billing. Payments not received within a timely manner may affect an Organization or applicant's standing for the following year.

The City must receive a valid Certificate of Insurance accompanied by the policy's endorsement at least 30-days prior to your activities start date. Certificate holder must be listed as: City of Edmonds, 700 Main St. Edmonds, WA 98020 with a minimum coverage listed as \$2,000,000 General Aggregate and \$1,000,000 per occurrence.

FOR CITY USE

Date Application received by the City: _____ By: _____

Field Allocation APPROVED AS REQUESTED. Permit # _____

Field Allocation APPROVED WITH CHANGES. Permit # _____

Field Us NOT APPROVED. No Permit Issued. Remarks: _____

Staff Signature: _____ Date: _____

Title: _____