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Municipality of Anchorage



Application for Athletic Field Use

Park Reservations

PO Box 196650, Anchorage, AK 99519-6650

Phone: (907) 343-4040 / Fax: (907) 249-7570 / Email: stewartcb@muni.org

Applicant(s) Information

Name/Responsible Party		
Organization/League Name		
Organization Street Address		
City, State, ZIP Code		
Driver's License or AK I.D. Number (Copy of I.D. Required)		
Home Phone		Cell Phone:
Fax Phone		E-Mail Address:
Tax Exempt No		Web Address:
Alternate Contact Person		Cell Phone:
Day Phone		E-Mail Address:

Organization Information

Sport:	Are your players Youth, or Adults?	
Number of Male Players?	Number of Female Players?	
How many fields do you require for try-outs, on average?		
How many fields do you require for practice, on average?		
How many fields do you require for games, on average?		

Concession Stands / Snack Shacks

Will your organization be providing any concessions at your tryouts, practices, or games? If yes, please describe:

Rules and Regulations

Initial ____ In case of emergency or for reasons beyond the City's control, the City reserves the right to cancel the scheduled activity prior to scheduled use without liability. Refunds will be made if cancellation by the City is necessary.

Initial ____ For each fee based reservation that is cancelled, a \$15 administrative fee will be assessed. If the cancellation is made later than fourteen (14) days before the activity date the entire fee is non-refundable. Permit fees are due 60 days prior to your reservation date. Once an application is assigned/issued a permit number then the refund/cancellation policy becomes applicable. All cancellations, adjustments or rescheduling must be submitted in writing by the applicant or responsible party listed on the "Application for Long Term Athletic Field Use."

Rules and Regulations

Initial _____ "If I, the Applicant, am not the Responsible Party, I represent and warrant that I am authorized to execute this application on behalf of the "Responsible Party."

Initial _____ I also agree that I will: (1) be financially responsible for any costs incurred by the City for damages to City property; (2) be financially responsible to reimburse City reasonable attorney fees to enforce the provisions of any contract that is issued for the activity described in this application; (3) forfeit all fees and deposits as partial compensation to the City for any costs associated with the enforcement of the provisions of the application or reservation; (4) forfeit all fees and deposits if it is determined that I have provided false information on the application; (5) be financially responsible for any City costs that exceed fees and deposits already collected by the City for enforcement of provisions related to this application or reservation.

Initial _____ "The Responsible Party agrees to fully indemnify, defend, and save harmless, the City of Anchorage, its officers, agents, employees, and volunteers from and against all actions, damages, costs, liability, claims, losses, judgments, penalties and expenses of every type and description, including, but not limited to, any fees and/or costs reasonable incurred by the City of Anchorage's staff attorneys or outside attorneys and any fees and expenses incurred in enforcing this provision (hereafter collectively referred to as "Liabilities"), to which any or all of them may be subjected, to the extent such Liabilities are caused by or result from any negligent act or omission or willful misconduct of the Responsible Party in connection with its use of City of Anchorage facilities. This shall be a continuing release and shall remain in effect until revoked in writing.

Initial _____ I hereby attest that the information contained in this application is true and correct. I understand that this is only an application and not a guarantee an activity/event will be allowed to commence. If a permit is issued, I agree that: (1) if any of the information contained in the application is found to be false; or (2) should my conduct, or the conduct of any participants or guests, not be as described in the application; or (3) should any applicable City, County, State or Federal rules, regulations, codes or laws be violated, any permit issued shall automatically become null and void and any activity associated with this reservation will immediately cease. If the activity has not yet taken place, the permit will be cancelled.

Initial _____ General liability insurance coverage, in the amount of \$1 million that covers the participant, must be acquired in order to receive your Long Term Athletic Field Permit. A certificate of insurance must be filed with Park Reservations ten (10) working days before the first reservation date. The City of Anchorage requires all certificates of insurance to be submitted on a standard ACORD form, or on the insurance company's letterhead. The City of Anchorage must be listed as the certificate holder as well as an additional insured with respects to General Liability. An endorsement naming the "The City of Anchorage, its officials, agents, employees and volunteers" must accompany the certificate of insurance. The endorsement page is often referred to as page CG 2011.

Initial _____ All debris and trash must be removed from the permitted site immediately after the said activity. Failure to do so may require the City to call upon the City Solid Waste Department. All expenses will be the responsibility of the applicant. When the applicant uses City recyclable receptacles all rights of ownership are forfeited.

Initial _____ I agree to report any discrepancies, complaints, or concerns within 48 hours of field use. 100% refund requests other than your facility deposit will not be returned if the request is made less than 14 days prior to your activity. These instances can be reported by telephone at (907) 343-4564.

Initial _____ City parks which do not have toilet facilities the City of Anchorage requires one (1) chemical toilet for any activity where the estimated attendance exceeds fifty (50) persons.. The figure is based upon the maximum number at your activity during peak time.

Initial _____ I agree to pay for each field and each day reserved, prior to a field use permit being issued to my group.**

Agreement and Signature

I the undersigned representative have read the rules and regulations with reference to this application and am duly authorized by the organization to submit this application on its behalf. The information contained herein is complete and accurate.

Name (printed)

Signature:

Date:

Tournament Request Form

Applicant:		Organization:	
Tournament Title	Date(s)	Time	Park Preference
1.			
2.			
3.			
4.			

Tournament One Details

Maximum Attendance	Adults:	Youth:	Total:
Will alcohol be present?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
Will money be charged or exchanged?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
Will there be amplified sound?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
Will food be at your activity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:

Tournament Two Details

Maximum Attendance	Adults:	Youth:	Total:
Will alcohol be present?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
Will money be charged or exchanged?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
Will there be amplified sound?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
Will food be at your activity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:

Tournament Three Details

Maximum Attendance	Adults:	Youth:	Total:
Will alcohol be present?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
Will money be charged or exchanged?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
Will there be amplified sound?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
Will food be at your activity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:

Tournament Four Details

Maximum Attendance	Adults:	Youth:	Total:
Will alcohol be present?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
Will money be charged or exchanged?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
Will there be amplified sound?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
Will food be at your activity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain: