



**COUNTY OF EL DORADO  
CHIEF ADMINISTRATIVE OFFICE – PARKS DIVISION**

330 Fair Lane, Bldg. A  
Placerville, CA 95667  
Phone: (530) 621-5360  
Email: parks@edcgov.us

**APPLICATION FOR PARK FACILITY RENTAL**

(Choose one) Park			(Choose one) Facility			Event Date:			
<b>APPLICANT</b>					<b>ORGANIZATION</b>				
Name:					Organization:			Contact:	
Address:					Address:				
City:		State:		Zip:	City:		State:		Zip:
Phone:		Email:			Phone:		Email:		
Event/Activity:					Estimated Attendance:			Fee Charged:	
<b>For Leagues Only:</b>									
Season Start Date:			End Date:		Start Time:			End Time:	

**Application Must Include:**

- Application Fee: \$54
- Certificate of Insurance and Additional Insured Endorsement **or** Special Event Insurance Certificate.  
Contact County Risk Management at (530) 621-6084 for more information.
- Refundable Deposit: \$ \_\_\_\_\_
- Rental Fees (parking fees must be paid upon entering Henningsen Lotus Park): \$ \_\_\_\_\_
- Written Outline of Activity (for multi-day events or groups greater than 50)

**Agreement to Hold Harmless:**

Permittee agrees to indemnify the County, its officers, agents and employees and hold them harmless from and against all loss, damage, expenses and liability resulting from injury to or death of any person and loss of or damage to property or claims of such injury, death, loss or damage, and arising out of or connected with the use of the permitted facilities by permittee. In addition, permittee waives all claims or causes of action against the County, its officers, agents or employees for damage to or loss of property of any kind or for injury to persons occurring in or upon the permitted facilities arising from any cause other than the negligence or willful misconduct of the County, its officers, agents or upon the permitted facilities arising from any cause other than the negligence or willful misconduct of the County, its officers, agents or employees and to which the permittee or his agent in no way contributed, either actively or passively, causing such damage, loss or injury.

Applicant Signature		Date	
Print Name		Title	
<b>Refundable Deposit Returned To:</b>		<input type="checkbox"/> Applicant <input type="checkbox"/> Organization	

**Office Use**

Approved:	Denied (Provide Reason):	Date Approved:	Approved/Denied By:	
Fee Paid (\$):		Deposit Paid (\$):	Confirmation Number:	
Approved:	Denied (Provide Reason):	Approved/Denied By:	Refund Amount (\$):	Date to Fiscal: