



# EL DORADO COUNTY General Services Department

**Airports, Parks & Grounds**  
3000 Fairlane Court Suite 1  
Placerville, CA 95667  
(530) 621-5864 FAX (530) 295-2540

(Park and Facility Desired)  
**PERMIT APPLICATION**

DATE OF REQUEST: \_\_\_\_\_

APPLICANT: _____	ORGANIZATION: _____
ADDRESS: _____ _____	CONTACT: _____
TELEPHONE: Home: ( ) _____	Business: ( ) _____

SEASON DATES: _____	DAILY HOURS: _____ to _____
ACTIVITY: _____	
ESTIMATED DAILY ATTENDANCE: _____	PARTICIPANT FEE CHARGED: _____

**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 employees and to which the permittee or his agent in no way contributed, either actively or passively, causing such damage, loss or injury.

**AGREEMENT TO ABIDE BY RULES AND REGULATIONS**  
Permittee agrees to abide by rules, regulations and conditions adopted by the El Dorado County Board of Supervisors as set forth in the County Ordinance Code, Chapter 4586 and the Airports, Parks and Grounds **Use Permit and Fee Schedule Program** and understands that permission for use of park facilities is contingent upon compliance with these rules, regulations and conditions.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY OFFICE STAFF

FEE: _____	REFUNDABLE DEPOSIT: _____	WORK PROJECT CREDIT: _____	TOTAL: _____
(Optional)			
INSURANCE PROVIDER: _____			
PAID BY: _____	Cash _____	Check (No. _____)	REFUND: _____
RECEIVED BY: _____	DATE: _____	DATE TO FISCAL: _____	RECEIPT # _____

<b>APPROVAL / DENIAL</b>	
_____ Approved	_____ Denied – Reason _____
Rescheduled to _____	Comments _____
DATE: _____	BY: _____