

**City of Chiloquin
Event Request Application**

**P.O. Box 196, Chiloquin, OR 97624
541/783-2717 – fax 541/783-2035**

Applicant/Representative:

Your Name _____ Date _____

Business Name _____

Your Mailing Address _____

Business Address _____

Contact Name _____ Contact Phone Number _____

Date of Event _____ Start Time _____ End Time _____

Specific Type of Event:

Location of Event: _____

We/I hereby agree to the following terms and conditions:

- A. The City of Chiloquin is not responsible for any accident(s), injury, or claims resulting from the use of the property/facilities.
- B. The City of Chiloquin is not responsible for lost or stolen items.
- C. **NO ALCOHOLIC BEVERAGES ALLOWED ON THE PREMISES.**
- D. Preparation of property/facilities prior to the event is users' responsibility.
- E. Cleanup of the property/facilities is the responsibility of the user.
- F. The user will be responsible for any damage to the property/facilities. If not repairable, item must be replaced with comparable item at users' expense. If repair or replacement is necessary, The City council must review the repair/replacement prior to it being officially accepted by the appropriate department within the City.
- G. **NO HEAVY EQUIPMENT IS ALLOWED ON THE CITY PROPERTY WITHOUT PRIOR AUTHORIZATION.**
- H. City requires proof of insurance upon request.

By holding this event, you and any guests voluntarily assume all risks related to exposure to COVID-19 and agree not to hold The City of Chiloquin or any of affiliates, officers, employees, agents, contractors, or volunteers liable for any illness or injury.

I/we have read and agree to the above requirements:

Signed representative(s)