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)