SOUTHLANDS METROPOLITAN DISTRICT NO. 2
APPLICATION AND PERMIT FOR PAVILION RESERVATION

Reservations: Ann Finn, Public Alliance LLC | **Phone:** (720) 213-6621 | **Email:** ann@publicalliancellc.com

INSTRUCTIONS: Complete all fields below. Submit this application together with the rental fee, damage deposit (separate payments), and any required certificates of insurance or permits. This Application becomes a Permit upon signature by the District Manager.

1. APPLICANT INFORMATION

APPLICANT NAME			
MAILING ADDRESS			
CITY	**STATE**	**ZIP**	**COUNTRY**
DAYTIME PHONE	**CELL PHONE**	**EMAIL ADDRESS**	
ON-SITE CONTACT (IF DIFFERENT)	**ON-SITE CONTACT PHONE**		
ORGANIZATION / GROUP NAME (IF APPLICABLE)	**APPLICANT IS A DISTRICT RESIDENT? □ YES □ NO**		

2. EVENT INFORMATION

PURPOSE OF RENTAL / DESCRIPTION OF EVENT		
DATE OF EVENT	**START TIME (INCL. SETUP) □ AM □ PM**	**END TIME (INCL. CLEANUP) □ AM □ PM**
EXPECTED ATTENDANCE	**ALCOHOL SERVED? □ YES □ NO**	**AMPLIFIED SOUND? □ YES □ NO**

3. FACILITY & FEES

APPLEWOOD PARK	RESIDENT		NON-RESIDENT	
	RENTAL FEE	DAMAGE DEPOSIT	RENTAL FEE	DAMAGE DEPOSIT
Pavilion (Capacity of 24 persons)	$25.00	$250.00	$75.00	$500.00

Resident status is determined by property ownership or tenancy within the Southlands Metropolitan District No. 2 boundary. Enter the applicable fees for the park selected above in the totals box below.

RENTAL FEE ($)	DAMAGE DEPOSIT ($)	TOTAL DUE ($)

The damage deposit will be refunded (less any amounts retained for cleaning or damage) within thirty (30) days following the event, provided the area is left in clean, undamaged condition.

4. REQUIRED TO BE SUBMITTED WITH THIS APPLICATION

- Completed and signed Application.
- Rental fee — check or money order made payable to "Southlands Metropolitan District No. 2."
- Damage deposit — check or money order made payable to "Southlands Metropolitan District No. 2."
  Reservation will not be deemed complete until receipt of payment.
- For events triggering insurance under the Rental Policy: certificate of insurance naming the District, its Board of Directors, officers, employees, and agents as additional insureds.

- Copies of any required City of Aurora permits, if applicable.

5. APPLICANT ACKNOWLEDGMENTS

I have received, read, and agree to abide by the Southlands Metropolitan District No. 2 Park Pavilion Rental Policy.	**INITIAL** _____
I understand that the District, in its sole discretion, may deny, restrict, or place additional conditions on this application.	**INITIAL** _____
I understand that cancellation refunds require written notice at least 14 days before the reservation date.	**INITIAL** _____
I understand that failure to vacate the facility by the permitted end time, or failure to restore the area to a clean and undamaged condition, may result in forfeiture of my damage deposit and billing for additional costs.	**INITIAL** _____

6. INDEMNIFICATION AND WAIVER OF LIABILITY

Applicant, for itself and its successors and assigns, assumes all liability and risk associated with the use of District facilities and hereby releases and agrees to indemnify and hold harmless the Southlands Metropolitan District No. 2 (the "District"), its directors, officers, employees, agents, consultants, licensees, invitees, successors, and assigns from any and all injuries, losses, claims, liability, damages, and costs — including court costs and reasonable attorneys' fees — arising in any way out of the use of District facilities by the Applicant and the Applicant's guests, licensees, invitees, agents, contractors, subcontractors, employees, successors, and assigns. This release and indemnification is intended to be as broad and inclusive as permitted by the law of the State of Colorado; if any part is held invalid, the remainder shall continue in full force and effect.

7. INSURANCE —QUALIFYING EVENTS

For events involving commercial or vendor use, sales, amplified sound, or attendance above 50 persons, Applicant shall, at its own expense, obtain and maintain General Liability Insurance with limits of not less than $1,000,000 per occurrence and $2,000,000 general aggregate. Applicant shall deliver a certificate of insurance naming the Southlands Metropolitan District No. 2, its Board of Directors, officers, employees, agents, and its management company as additional insureds no less than fourteen (14) days before the event.

8. APPLICANT SIGNATURE

By signing below, Applicant certifies that the information above is true and correct and agrees to be legally responsible for compliance with all conditions outlined in the Rental Policy and this Application and Permit.

Signature of Applicant Date

Printed Name & Title (if applicable)

FOR DISTRICT USE ONLY	
APPLICATION RECEIVED BY	DATE RECEIVED
RENTAL FEE PAID — $ / CHECK #	DAMAGE DEPOSIT PAID — $ / CHECK #
TOTAL PAID ($)	DATE DAMAGE DEPOSIT RETURNED
APPROVAL SIGNATURE (DISTRICT MANAGER)	DATE APPROVED

SPECIAL INSTRUCTIONS / CONDITIONS OF APPROVAL

— END OF APPLICATION AND PERMIT—