

SPECIAL EVENT USE PERMIT APPLICATION

INTRODUCTION & INSTRUCTIONS

Welcome from the City of Carlsbad Special Events Division!

A special event permit may be required for any organized event with 50 or more persons on public property and/or impacting public property.

Review the entire [Special Events Reference Book](#) and the permit application before completing the information.

This application is a fillable Adobe PDF form. You will need the current version of the Adobe Acrobat software installed on your computer in order to save your form and digitally sign. Adobe Acrobat Reader is available for free download at: <https://get.adobe.com/reader/>.

Please download this form to your computer, in order to save your work. Edits made to the form within a browser cannot be saved. You are encouraged to save your work as a digital file and submit the completed form via email.

The application is designed to cover a wide variety of special events, therefore if some sections do not apply to your particular event, indicate "N/A" for not applicable.

Maps and other attachments should be in JPG, PDF, Word, or Excel format.

Submit your application and required attachments at least 90 days prior to your proposed special event date. Nine to 12 months ahead is a preferred timeline for most events.

It is best to submit your application and all materials as digital files via email to carlsbadconnect@carlsbadca.gov. If you are unable to do so, you may submit in hardcopy by US Mail or hand-deliver it to: Parks & Recreation Department, Attention: Citywide Special Events, 799 Pine Avenue, Suite 200, Carlsbad, CA, 92008.

The following checklists apply to both minor and major special events as generally defined in the [Special Events Reference Book](#).

APPLICATION CHECKLIST

Each submittal must contain the following; Refer to the [Special Event Reference Book](#) for definitions, requirements and clarification of components.

- ❖ A completed **Special Event Application**.
- ❖ A non-refundable **processing fee** as set forth in the city's current fee schedule must accompany applications for a special event permit. Fee: \$130 (minor)/\$390 (major).
- ❖ A detailed **narrative and timeline** including description of activities during the event.
- ❖ A current **Carlsbad business license** for all applicants and co-applicants. An additional third party vendor fee may apply (\$88 per day).

- ❖ A certificate of **insurance and endorsement** of one million dollars (minimum) liability coverage naming the City of Carlsbad, its officers, employees, volunteers and agents as additionally insured. Higher risk events require additional insurance coverage.
- ❖ A **site plan**, if applicable.
- ❖ A **route map** is required if event includes a moving route of any kind along streets, sidewalks or trails.

FINAL APPROVAL CHECKLIST

The following may be required prior to final approval; Refer to the [Special Event Reference Book](#) for definitions, requirements and clarification of components.

- ❖ A **traffic control plan (TCP)** for the proposed event consistent with California Department of Transportation standards that involves traffic or parking variances. This plan must include the location of all traffic control personnel proposed/required to facilitate the event, or to provide spectator and/or traffic control (e.g., uniformed officers, security personnel and volunteers).
- ❖ A **parking management plan (PMP)** for the safe arrival and departure of event attendees; may include a parking waiver, disabled parking provisions and shuttle service information.
- ❖ Any **other permits** (licenses) pertaining to the special event (e.g., Fireworks, Tent, Canopy, Building, NCTD, Cal Trans, ABC/Liquor, Health/Food, CA State Parks, Facility Use, Massage, etc.). Additional fees may apply.
- ❖ Additional insurance and a signed signature page/hold harmless agreement may be required for all **special aspects providers** (e.g., traffic control, inflatables, climbing wall, fireworks, alcohol, security, etc.).
- ❖ A copy of the blank **waiver and release of liability form(s)** for athletic participants (release of the City of Carlsbad, etc. from liability must be included on the form).
- ❖ Environmental impact plan that identifies recycling and disposal of solid waste and trash, and portable restrooms and sanitation equipment. This will include a separate **Storm Water Prevention Plan (SWPPP)** that identifies procedures that will be done before, during and after event to prevent pollutants from leaving the event venue.
- ❖ **Security plan** that provides a safe and secure environment for your event. This may include identifying private security and their state licenses and/or municipal staff needs.
- ❖ A **medical plan** to ensure the health and safety of all attendees. This may include a roster of medical staff (names, titles, qualifications, cell numbers) and/or copies of current CPR/first aid cards for medical staff.
- ❖ Sample letters/fliers/**affected parties' notifications** distributed to residents, businesses, schools, places of worship and other entities that may be impacted by your event. An **affected party meeting** may be required (80-180 days in advance) if it is a new major event or a major event not held in more than two years.
- ❖ Letters of **consent** from property owners for use of private properties.
- ❖ A **missing child policy**.
- ❖ A list of food service and tent **vendors**.

1. SUMMARY OF EVENT

EVENT TITLE: _____

Location(s) - Include all involved locations (addresses and street numbers): _____

Y N

- Will any part of the event be held in the parking lot of The Shoppes at Carlsbad?
- Will any part of the event be held at Agua Hedionda Lagoon?
- Will any part of the event be held in a city parking lot? **Location(s):** _____
- Will any part of the event be held in a city park or facility? **Location(s):** _____

Note: A Facility Use Permit and applicable fees required. All park usages before and/or after normal operating hours (e.g., 8 a.m. - 5 p.m.) requires extra staffing fee per hour per staff.

- Will any part of the event be held on private property? **Locations** (addresses and street numbers): _____

Note: Letters of consent must be submitted from property owners for use of private properties not owned by the Applicant.

DATES(S) AND TIMES

Set-Up Starts Date: _____ Time: _____

Event Starts (Day 1) Date: _____ Time: _____ to _____ (**Expo Time:** _____ to _____)

(Day 2) Date: _____ Time: _____ to _____ (**Expo Time:** _____ to _____)

(Day 3) Date: _____ Time: _____ to _____ (**Expo Time:** _____ to _____)

Expo Location(s): _____

Dismantle Complete Date: _____ Time: _____

Date/Time/Expo Notes (i.e., clarify event dates, times): _____

CATEGORY Check all that apply

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Run | <input type="checkbox"/> Triathlon | <input type="checkbox"/> Festival/Celebration | <input type="checkbox"/> Fireworks/Pyrotechnics |
| <input type="checkbox"/> Walk | <input type="checkbox"/> Expo | <input type="checkbox"/> Street Fair | <input type="checkbox"/> Parking Waiver |
| <input type="checkbox"/> Cycle | <input type="checkbox"/> Fundraiser | <input type="checkbox"/> Community Event | <input type="checkbox"/> Traffic Control Plan |
| <input type="checkbox"/> 5K | <input type="checkbox"/> Parade/Procession | <input type="checkbox"/> Concert | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Marathon/Half Marathon | | <input type="checkbox"/> Car Show | |

ACTIVITIES

Event includes the following activities:

- | | | | |
|--------------------------------------|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Bingo Games | <input type="checkbox"/> Casino Games | <input type="checkbox"/> Raffle | <input type="checkbox"/> Live Music |
| <input type="checkbox"/> Lottery | <input type="checkbox"/> Drawing | <input type="checkbox"/> Patron Dancing | |

DESCRIPTION OF EVENT

Describe the nature of the event in detail: _____

Expected Number of Spectators Total: _____ Per day: _____

Expected Number of Participants Total: _____ Per day: _____

Y N

- Do you expect any celebrities or highly public individuals to attend or participate in your event?
If yes, list individuals by name and classification (e.g., entertainer, political figure, business person, religious person, civil rights, foreign dignitary, etc.) _____
- Are patron admission, entry or participant fees required? Amount(s): _____



Are vendor or other fees required? Amount(s): _____

2. EVENT STAFF CONTACT INFORMATION

HOST ORGANIZATION/APPLICANT: _____

(The Applicant is the party or entity legally responsible for event)

Mailing Address: _____ City: _____ State: ___ Zip: _____

Telephone: _____ Web Address: _____ Email: _____

Entities without an IRS 501(c)(3) valid tax exemption status are considered to be commercial in nature.

CHIEF OFFICER OF HOST ORGANIZATION NAME/TITLE: _____

Telephone (Day): _____ Email: _____

A written communication from the Chief Officer of the Host Organization authorizing the Agent of Applicant and/or Professional Event Organizer to sign application on their behalf must be submitted with your permit application.

AGENT OF APPLICANT NAME/TITLE: _____

(The Agent of the Applicant is the party signing on behalf of the Applicant named as an entity)

Mailing Address: _____ City: _____ State: ___ Zip: _____

Telephone (Day): _____ (Cell): _____ Email: _____

CO-APPLICANT NAME: _____

(The Co-Applicant is the party providing insurance for the event if by an entity other than the Applicant.)

Mailing Address: _____ City: _____ State: ___ Zip: _____

Telephone (Day): _____ (Cell): _____ Email: _____

Y N

Is the Host Organization a corporation?

Is this your first time organizing an event? If no, what other events have you organized and been responsible for?

Have you held this event or a similar event in past years? If yes, when and where? _____

Please list any professional event organizer, event service provider or commercial fund-raiser hired by you who is authorized to work on your behalf to plan, produce and/or manage your event.

PROFESSIONAL EVENT ORGANIZER NAME/TITLE: _____

Organization Name: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____

Telephone (Day): _____ (Cell): _____ Email: _____

STAFF MEMBER TO WORK WITH CITY PERMIT COORDINATOR: _____

(If other than Applicant or Agent)

Organization Name: _____

Telephone (Day): _____ (Cell): _____ Email: _____

ON-SITE EVENT DAY CONTACT NAME/TITLE: _____

Organization Name: _____

Telephone (Day): _____ (Cell): _____ Email: _____

Indicate dates, times and locations event contact will be staffing event.

Date(s): _____ Time(s): _____ Location(s): _____

Y N

Will event staff be recognizable in uniforms on the day of the event? Describe uniforms: _____

Will event staff be in contact with city staff via cell phone or two-way radios?

Location of event staff accepting lost property or persons: _____

Volunteer check-in location: _____



Note: A missing child policy and event staff roster to include: names, titles, shifts, phone numbers, locations and duties may be required.

PUBLIC/MEDIA CONTACT NAME/TITLE: _____

Organization Name: _____
Telephone (Day): _____ (Cell): _____ Email: _____

VENDOR COORDINATOR CONTACT NAME: _____

(If different from Public Contact)

Organization Name: _____
Telephone (Day): _____ (Cell): _____ Email: _____

3. BUSINESS LICENSING

Y N

Will items or services be sold? **If yes, describe:** _____

Will items or services sold at your event present unique liability issues? **If yes, describe:** _____

Note: A valid Carlsbad business license is required for Applicant (and all vendors if 3rd Party Vendor Fee is not paid).

4. SITE PLAN

Y N

Will inflatables and/or interactives be provided?

INFLATABLE/INTERACTIVE PROVIDER: _____ Web Address: _____

Contact Name: _____

Telephone (Day): _____ (Cell): _____ Email: _____

Indicate the dates, times and locations the inflatables provider will be at the event.

Date(s): _____ Time(s): _____ Location(s): _____

Note: Certificate of insurance for special aspect will be required. Include location on site plan.

Y N

Will a climbing wall be provided?

CLIMBING WALL PROVIDER: _____ Web Address: _____

Contact Name: _____

Telephone (Day): _____ (Cell): _____ Email: _____

Indicate the dates, times and locations the climbing wall provider will be at the event.

Date(s): _____ Time(s): _____ Location(s): _____

Note: Certificate of insurance for special aspect will be required. Include location on site plan.

5. BUILDING DEPARTMENT

Y N

Will the event include a stage, bleacher or scaffolding? **If yes, is it more than 30" in height?** Yes or No

Note: Building Permit may be required.

6. TRAFFIC CONTROL PLAN/SAFETY EQUIPMENT

Y N

Will the event require a street and/or lane closure?

Will the event require a moving Traffic Control Plan (e.g., parade)?

Note: A Traffic Control Plan and road closure summary are required.



TRAFFIC CONTROL EQUIPMENT PROVIDER: _____ Web Address: _____

Contact Name: _____ State of CA Contractor's License #: _____

Telephone (Day): _____ (Cell): _____ Email: _____

Equipment Set-Up Date: _____ Time: _____

Equipment Pick-Up Date: _____ Time: _____

7. PARKING MANAGEMENT PLAN / PARKING WAIVERS / SHUTTLE SERVICE

Y N

Is off-site parking requested for any sites other than within the venue?

If yes, list address(es): _____

Are you requesting any parking waivers (e.g., temporary parking in normally restricted area)?

If yes, when and where? _____

Have you provided adequate parking for the disabled?

If yes, where? _____

Public parking will be available at what address(es) to include street numbers? _____

Parking for event staff and volunteers will be available at what address(es) to include street numbers? _____

Y N

Will the event be providing shuttle services from off-site parking areas?

If yes, what address(es) to include street numbers? _____

SHUTTLE PROVIDER: _____ Web Address: _____

Contact Name: _____

Telephone (Day): _____ (Cell): _____ Email: _____

Indicate the dates, times and locations the shuttle will be in operation.

Date(s): _____ Time(s): _____ Location(s): _____

Note: A separate parking management plan and/or shuttle plan may be required.

8. SIGNAGE AND KIOSK RESERVATIONS Check all that apply

- Signs
- Streamers
- Other: _____
- Flags
- Special Lighting
- Inflatables Displays
- Pennants
- Banners
- Balloons

Y N

Will you request reservations for use of the kiosks? **Check locations requested.**

- North #1 West side of Carlsbad Blvd. at north city limit
- #2 Northwest corner of Jefferson St. and Marron Road
- #3 North side of Carlsbad Village Drive east of I-5 southbound on-ramp
- #4 Southeast corner of Carlsbad Blvd. at Cannon Road
- South #5 Northwest corner of Palomar Airport Road and El Camino Real westbound
- #6 West side of Carlsbad Blvd. south of Ponto Road
- #7 East side of Carlsbad Blvd. south of Avenida Encinas
- #8 Northwest corner of La Costa Ave. and El Camino Real westbound

9. NORTH COUNTY TRANSIT DISTRICT PERMIT (NCTD)

Y N

Will flag person(s) from NCTD be stationed at the railroad tracks?

Does your event require relocation of a bus stop?



Note: A copy of NCTD railway application and permit may be required.

10. CALTRANS PERMIT

Y N

Will event impact or place signage along Interstate 5 or the 78 Freeway (including on-ramps and off-ramps)?

Describe: _____

Note: A copy of Caltrans application and permit may be required.

11. ENVIRONMENTAL IMPACT (TRASH / RECYCLING / STORM WATER)

RECYCLING PLAN FOR LARGE EVENTS

Y N

Does event average over 2,000 attendees per day and/or require an entry fee? **If yes, please fill out this section. If no, proceed to the TRASH/RECYCLING SUMMARY.**

Give a brief description of the types of waste anticipated from the event (e.g., food, cardboard, plastic, glass, etc.):

Please check the recycle materials to be collected at your event:

Plastic bottles Other Plastic Aluminum Cans Glass Paper

How are you going to ensure materials are recycled at your event (i.e., waste management plan, hire staff to separate, place recycling receptacles throughout the event, work with vendors and event staff, etc.) Please explain: _____

Note: Event organizers are required to submit a report of quantities recycled/diverted within 30 days of the event end date.

TRASH/RECYCLING SUMMARY

Number of 36 gal TRASH bins: _____ Number of TRASH dumpsters with lids: _____

Number of 36 gal RECYCLING bins: _____ Number of RECYCLING dumpsters with lids: _____

Note: The ratio of recycling bins must be 1:1 (1 recycling bin per every trash bin).

At what time intervals will receptacles be regularly emptied? _____

Who will empty recyclable bins into recyclable dumpster? _____

Note: If the recyclable material are contaminated with TRASH these materials WILL NOT be recycled. City receptacles within the venue must also be emptied.

Y N

Have you assigned a clean-up crew with the appropriate number of staff to promptly and adequately clean up after the event? **How many staff members are assigned to the clean-up crew?** _____

Contracted street sweeper vehicle will clean the streets and/or parking lots after the event?

STREET SWEEPING PROVIDER: _____ Web Address: _____

Contact Name: _____

Telephone (Day): _____ (Cell): _____ Email: _____

Indicate the dates, times, and locations the street sweeper will be at the event.

Date(s): _____ Time(s): _____ Location(s): _____

PORTABLE RESTROOMS

Y N

Do you plan to provide portable restroom facilities? **If yes, secondary containment trays are required.**

If no, explain: _____

Number of portable restrooms: _____ Number of hand washing stations: _____

Number of ADA accessible restrooms (10% minimum): _____

PORTABLE RESTROOM PROVIDER: _____ Web Address: _____

Contact Name: _____



Telephone (Day): _____ (Cell): _____ Email: _____

Restroom Set Up Date: _____ Time: _____

Restroom Pick Up Date: _____ Time: _____

STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

Y N

Are there storm drains in the event venue? If yes, how will you be protecting the storm drains (sand bags, fabric filters, berms, containment booms, etc.)? **Describe:** _____

Does your event include water stations? **Location(s):** _____

Does your event have any elements that may result in water runoff such as: sediments, metals, detergents, trash and debris, food and beverages, oil and grease, bacteria or viruses, chalk, paint, charcoal, clay, etc.? **Describe:** _____

Will any material/matter be left that could be carried in the storm drain system by water run-off at a later time? **Describe:** _____

Are there plans for balloons, balloon arches, balloon releases? **If yes, describe the necessary steps you plan to take to prevent pollution for those that may pop and drift into the storm drain:** _____

Have you made provisions for spill kits to include: towels, kitty litter, and/or clean-up materials? **Describe/Location:** _____

Have you made provisions for dry clean-up methods such as: mops, brooms, wire brushes? **Describe/Location:** _____

Have you discussed or distributed information about storm water pollution prevention during event staff training and in vendor registration packets?

Have you assigned a clean-up crew with the appropriate number of staff to promptly and adequately remove storm drain containment and protection devices after the venue has been cleaned and/or street swept? **How many staff members are assigned to the clean-up crew?** _____

Note: Separate Storm Water Pollution Prevention Plan may be required including a map of storm drains and water stations within event area.

12. FIRE INSPECTIONS AND PERMITS

Y N

Have you provided 20 foot emergency access lanes throughout the event?

Does your event include tents, canopies, or umbrellas? **Describe:** _____
Note: Fire Permit and applicable fees may be required

Does your event include any open flame cooking? **Describe:** _____

Does your event include food trucks?

Will generators be used? **If yes, type/size:** _____

Will vehicles and/or trailers be staged within event venue?

Note: List of food service and tent vendors will be required. HCD tag numbers required for food trucks.

Does your event include fireworks, rockets, lasers or other pyrotechnics? **Type (e.g., aerial/theatrical):** _____

FIREWORKS/PYROTECHNICS PROVIDER: _____ Web Address: _____

Contact Name: _____

Telephone (Day): _____ (Cell): _____ Email: _____

Indicate the dates, times and locations the fireworks/pyrotechnics provider will be at the event.

Date(s): _____ Time(s): _____ Location(s): _____

Note: Fire Permit and applicable fees required.

13. MEDICAL PLAN

Y N

Will first aid/CPR certified event staff be on-site? **Location:** _____



- Will there be a doctor on-site directing medical care? **Name and cell number:** _____
- Will there be a supervisor for the medical personnel? **Name, title, qualifications and cell number:** _____
- Will medical personnel be stationed in a designated first aid area? **Location:** _____
- Will medical personnel be mobile (i.e., foot or bicycle) with first response equipment throughout the venue?
Describe: _____
- Will medical personnel be wearing distinctive, recognizable clothing? **Describe:** _____
What times will medical personnel be on-duty? **Indicate:** _____
- Will a shuttle be provided for non-medical pick-ups? **Indicate staging location, company name, contact person, cell phone number:** _____
- Will there be a first aid kit on-site? **Location:** _____
Indicate first aid station locations along the route and how they will be clearly identified: _____
- Will there be an Automatic External Defibrillator (AED) on-site(s)? **Location(s):** _____
- Will a Basic Life Support (BLS) ambulance be on-site? **Location(s):** _____
- Will an Advanced Life Support (ALS) ambulance be on-site? **Location(s):** _____
- Will a Carlsbad Fire Department ambulance or engine be on-site?
Indicate: ambulance or engine **Location:** _____
- Review of San Diego County EMS protocol S-130 (Environmental Exposure) will be done in a pre-briefing with all medical staff.

MEDICAL SERVICE PROVIDER: _____ Web Address: _____

Contact Name: _____

Telephone (Day): _____ (Cell): _____ Email: _____

Indicate the dates, times and locations the medical staff will be at the event.

Date(s): _____ Time(s): _____ Location(s): _____

MEDICAL SHUTTLE PICK-UP PROVIDER: _____ Web Address: _____

Contact Name: _____

Telephone (Day): _____ (Cell): _____ Email: _____

Note: A separate medical plan, roster of medical staff, copies of CPR/first aid cards and/or copy of Medical Director's California medical license may be required.

14. MESSAGE LICENSING

Y N

- Will there be massage services at your event? **Describe:** _____

Note: Copy of State certification(s) required.

15. CITY STAFFING AND BILLING/SECURITY PLAN

Y N

- Does your event involve the use of or service of alcoholic beverages? **If yes, ABC License and security required.**
- Are you requesting city employees to staff for your event? **If yes, applicable fees required.**
- Will you be hiring a licensed professional security company to develop and manage your event's security plan?
If yes, will the security company be monitoring the entire venue or just the alcohol service area? _____

SECURITY PROVIDER: _____ Web Address: _____

State of California Private Patrol Operator's license number (PPO): _____

Contact Name: _____

Telephone (Day): _____ (Cell): _____ Email: _____

Indicate the dates, times and locations the security staff will be at the event.

Date(s): _____ Time(s): _____ Location(s): _____

Note: Certificate of insurance for special aspect will be required.

16. AMPLIFIED SOUND OR MUSIC

Y N

Are there musical entertainment features related to your event? **If yes, # of performers:** ____ **# of stages:** ____

Music Type/Describe: _____

(e.g., DJ, live band, hard rock, jazz, folk, pop, instrumental, etc.)

Will sound checks be conducted prior to the event? **If yes, indicate start and finish times:** _____

Will sound amplification be used? **If yes, indicate start and finish times:** _____

Describe the sound equipment used for your event: _____

Do you plan to have a dance component and/or designated dance floor/area at you event?

If yes, describe and indicate on site plan: _____

SPECIAL ASPECT OF EVENT RELEASE FROM LIABILITY AND INDEMNIFICATION

Y N

Is there a special aspect involved in the event? (*alcohol/inflatables/fireworks/pyrotechnics/climbing wall/security/traffic control*) If yes, please have the entity providing the special aspect fill out this section. If no, proceed to the **AFFIDAVIT OF APPLICANT. Additional insurance required.**

I, the undersigned, agree to and represent that I have the actual and legal authority to waive and release the City of Carlsbad, its elected officials, officers, agents, employees and volunteers (collectively "Released Parties") from and against any and all claims, costs, liabilities, expenses or judgments including attorney's fees and court costs arising out of the special activity, service or particular aspect, to wit:

that I am providing to this special event or any illness or injury resulting therefrom, and hereby agree to indemnify and hold harmless the Released Parties from and against any and all such claims related to the special activity, service or particular aspect provided to this special event, whether caused by negligence or otherwise, except for illness and injury resulting directly from the gross negligence or willful misconduct on the part of the Released Parties. Furthermore, I agree to comply with Carlsbad Special Event regulations, including the provision of insurance in compliance with those regulations and the resulting issuance of a special event permit.

I UNDERSTAND AND AGREE THAT BY SIGNING THIS WAIVER I AM RELEASING THE CITY OF CARLSBAD, ITS ELECTED OFFICIALS, EMPLOYEES, VOLUNTEERS, OFFICERS AND AGENTS FROM ANY LIABILITY RESULTING FROM THIS SPECIAL ACTIVITY, SERVICE OR PARTICULAR ASPECT OF THE SPECIAL EVENT. I UNDERSTAND THAT NO CITY EMPLOYEE, VOLUNTEER, OR AGENT IS AUTHORIZED TO MODIFY THIS WAIVER AND RELEASE. I CERTIFY THAT I HAVE PERSONALLY READ AND UNDERSTOOD THIS WAIVER AND RELEASE.

ENTITY PROVIDING SPECIAL ASPECT SIGNATURE

Print entity name

Print name & title of person legally authorized to sign on behalf of entity

Signature of authorized person

Date



AFFIDAVIT OF APPLICANT

I certify the information contained in the foregoing application is true and correct to the best of my knowledge and belief; that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the City of Carlsbad Municipal Code; and that I understand this application is made subject to the rules and regulations established by the City Council and/or the City Manager or the City Manager’s designee. I agree to comply with all other requirements of the City, County, State, Federal Government, and any other applicable entity which may pertain to the use of the Event venue and the conduct of the Event. In the event a possessory interest subject to property taxation is created by virtue of this permit, I agree to pay all possessory interest taxes and acknowledge that payment of these taxes will not reduce any fees or consideration paid to the City pursuant to this use permit. I further certify that I am authorized to commit the Applicant, and I agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Applicant to the City of Carlsbad.

RELEASE FROM LIABILITY AND INDEMNIFICATION

I agree to waive and release the City of Carlsbad, its elected officials, officers, agents, and employees and volunteers (collectively “Released Parties”) from and against any and all claims, costs, liabilities, expenses or judgments including attorney’s fees and court costs arising out of the activities of this special event or any illness or injury resulting there from, and hereby agree to indemnify and hold harmless the Released Parties from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from the gross negligence or willful misconduct on the part of the Released Parties.

I UNDERSTAND AND AGREE THAT BY SIGNING THIS WAIVER I AM RELEASING THE CITY OF CARLSBAD, ITS ELECTED OFFICIALS, EMPLOYEES, VOLUNTEERS, OFFICERS AND AGENTS FROM ANY LIABILITY RESULTING FROM THIS SPECIAL EVENT OR ACTIVITY. I UNDERSTAND THAT NO CITY EMPLOYEE, VOLUNTEER, OR AGENT IS AUTHORIZED TO MODIFY THIS WAIVER AND RELEASE. I CERTIFY THAT I HAVE PERSONALLY READ AND UNDERSTOOD THIS WAIVER AND RELEASE.

APPLICANT SIGNATURE

_____ *Print entity name*

_____ *Print name & title of person legally authorized to sign on behalf of entity*

_____ *Signature of authorized person*

_____ *Date*



CO-APPLICANT SIGNATURE

Y N

Is insurance for the event provided from any entity other than the Applicant? **If yes, please have the Co-Applicant fill out this section.**

Print entity name

Print name & title of person legally authorized to sign on behalf of entity

Signature of authorized person

Date