



REGULAR FIELD USE REQUEST

CONTACT INFORMATION (please print)

Full Name:

Phone:

Organization (if applicable):

Email:

Mailing Address:

City:

Province:

Postal Code:

FIELD USE INFORMATION

Field Requested: McAdam Field Rotary Field Rotary Practice Field

Day(s) of the Week Requested: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Start Time:

End Time:

Types of Use: Game Practice

Please provide a brief description of the field use and event:

WAIVER AND INDEMNITY CLAUSE

The Licensee accepts and will use the premises at its own risk and agrees that the City of Duncan has made no warranties or representations respecting the suitability or condition of the premises. The Licensee further agrees that it will indemnify and save harmless the City of Duncan and its officers, employees, servants, agents, heirs, successors and assigns from and against any and all claims whatsoever, including all damages, liabilities, expense, costs, including legal or other fees, incurred in respect of any such claim(s) or any action(s) or proceeding(s) brought thereon arising directly or indirectly from or in connection with the granting of this agreement and use of the facility.

The applicant agrees to conform to all Bylaws and policies of the City of Duncan presently in force **and to such further special conditions as may be imposed by the Public Works department**, in the conduct of the field use. The applicant must provide proof of liability insurance naming the City of Duncan as an additional insured party in the amount of \$2 million per occurrence. The applicant further agrees to save the City of Duncan harmless against all manner of actions, claims, debts, judgements, costs, and expenses of any kind whatsoever which may be made against the said City in consequence of and incidental to the granting of a Field Use Request.

SIGNATURE

Applicant Signature

Date

Special Conditions or Reason Denied:

RISK MANAGEMENT APPROVAL

DIRECTOR OF FINANCE

DATE

PUBLIC WORKS APPROVAL

PARKS FOREMAN SIGNATURE

DATE

OPERATIONS MANAGER SIGNATURE

DATE

DIRECTOR OF PUBLIC WORKS SIGNATURE

DATE

CHIEF ADMINISTRATIVE OFFICER SIGNATURE

DATE

Personal information you provide on this form is collected pursuant to Section 26 of the *Freedom of Information and Protection of Privacy Act* and will only be used for the purpose of processing this application. Your personal information will not be released except in accordance with the *Freedom of Information and Protection of Privacy Act*. Questions about the collection of your personal information may be referred to the Corporate Services Coordinator by email: duncan@duncan.ca or phone: 250-746-6126.