



214 E. 4<sup>th</sup> St.  
La Center, WA 98629  
Ph (360)263-2782 Fax (360)263-5700

## PARK SPACE/COMMUNITY CENTER RENTAL AGREEMENT

Name of Applicant \_\_\_\_\_ Date Requested \_\_\_\_\_  
Address \_\_\_\_\_ Phone/Fax \_\_\_\_\_  
Organization Represented (If applicable) \_\_\_\_\_  
Facility Requested \_\_\_\_\_ Specify Area (Parks Only) \_\_\_\_\_  
Rental Start Time \_\_\_\_\_ Rental End Time \_\_\_\_\_ No. of Attendees \_\_\_\_\_

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The undersigned hereby specifically and expressly agrees to defend, indemnify and hold harmless the City of La Center and all of their officers, employees and agents from and against any claim, damage, liability, judgment, cost, penalties, attorney fees, etc. of whatsoever kind, on account of death or injury of any or all persons (including, but not limited to the City of La Center and all of it's officers, directors, employees and agents) and/or on account of all property damage of any kind whether tangible, intangible or loss of use resulting there from, to any matter connected with the City of La Center, by an act, omission or negligence of the City of La Center, or any of it's officers, directors, employees or agents except to the extent prohibited by law.

***The following applies only if the individual or organization has hired employees working at the City of La Center Community Center, Concession Stand or related grounds during the time of rental:***

\_\_\_\_\_ specifically and expressly waives any immunity granted under the Washington Industrial Insurance Act, Title 51, RCW, or similar laws or other jurisdictions, and by signature below acknowledge that this waiver was mutually negotiated and agreed to by these parties. In the event of litigation between parties to enforce the rights under this indemnity provision, reasonable attorney's fess shall be allowed to the prevailing party.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### *Office Use Only*

Received by \_\_\_\_\_ Treasurer's Receipt No. \_\_\_\_\_ Key Color \_\_\_\_\_

Total Fees \_\_\_\_\_ Alcohol Involved? No Yes Cabaret License No. \_\_\_\_\_

WA commissioned law enforcement officer name & badge # \_\_\_\_\_

Additional insurance rider on file? (required for alcohol service) Yes No