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**Athletic Field and Court Use Agreement**

Date Requested: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field/Court Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Head Coach’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell)

Liability Coverage Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Authorization Statement***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby acknowledge that I have received a copy

 (Print Head Coach’s Name)

of the City of Florence Parks and Recreation Department Parks Facilities Use and Rental Guidelines. I understand that the City of Florence can, at its sole discretion, modify, eliminate, revise, or deviate from the Policy as circumstances or situations warrant. I also understand that any changes made by the City of Florence with respect to these Policies, can supersede, modify, or eliminate any of the policies in this packet. I accept responsibility for familiarizing myself with the Policy and will seek verification or clarification of its terms or guidance where necessary. I have read and fully understand all the rules and regulations. Furthermore, I understand that I should consult with the Athletic Director or a Representative of the City of Florence Recreation Department if I have any questions that are not answered in the City of Florence Athletic Field Use Policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature* *Date*

***Athletic Department Use****:*

*Usage Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Usage Fee Collected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deposit Collected:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Approval Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*