



# Town of Columbus

PO BOX 146 · Columbus, NC 28722 · (828) 894 - 8236

## Veterans Park Facility Request Application

### Applicant Information

Name \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

### Event Information

Event Type / Title \_\_\_\_\_  
 Event Date(s) \_\_\_\_\_  
 (Facility cannot be reserved more than 2 months in advance)

Vendors on site Yes  No  (fee may be applied if yes)

Vendor Details \_\_\_\_\_

Electrical Power Requested Yes  No  (fee may be applied if yes)

Amplified Sound / Band Yes  No

Road Closure Requested Yes  No  (fee may be applied if yes)

Road Closure Details \_\_\_\_\_

Start Time Requested \_\_\_\_\_ End Time Requested \_\_\_\_\_

I / we hereby assume all risks and hazards incidental to such participation in and transportation to and from the activities at the Veterans Park.

I release and indemnify the Town of Columbus, employees of the Town, volunteers, contractors and/or sponsors from all risk and hazards associated with the activities and in the event of injury, do expressly waive all claims against them.

I / we certify that we have read and agree to the terms stated above and the terms stated within the "Veterans Park Usage Policy".

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Town Manager

\_\_\_\_\_  
 Date