



SPORTS FIELD RESERVATION/ALLOCATION REQUEST FORM

For Current Sports Field Conditions, call 817.430.8770

Applicant Name: _____ Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone (H): _____ (W): _____

Team Name: _____ Coach Name: _____ Age Group: _____

<u>Field Requested</u>	<u>Date Requested</u>	<u>Time Requested</u>	<u>Fee (if applicable)</u>
Total fees (if applicable)			\$

Indemnification:

APPLICANT assumes all liability and responsibility for and agrees to fully indemnify, hold harmless and defend the City of Roanoke, and its officers, agents, servants and employees from and against all claims, damages, losses and expenses, including but not limited to attorney’s fees, for injury to or death of a person or damage to property, arising out of or in connection with, directly or indirectly, the performance, attempted performance or nonperformance of the services referenced herein or in any way resulting from or arising out of the management, supervision, and operation of the program and activities of the APPLICANT.

Signature of Applicant: _____ Date: _____

Staff Approval: _____ Date: _____

(City authorizes the above listed dates/times for field usage. Keep this form accessible in case of a field dispute.)