



**OLIVEHURST PUBLIC UTILITY DISTRICT**

Business Office  
1970 9<sup>TH</sup> Avenue/P.O. Box 670  
Olivehurst, CA 95961  
Phone (530) 743-4657 Fax (530) 743-3023 www.opud.org

Application must be submitted to Business Office a minimum of 10 days prior to date of use.

Revised September 2012

**Park Use Application/Permit**

**THIS IS NOT A PARK RESERVATION - ALL PARK USAGE IS FIRST COME, FIRST SERVED  
(YOU MUST HAVE YOUR COPY OF APPLICATION IN POSSESSION DURING USE)**

I, Amanda Rosensteel, representing Plumas Lake Little League  
(Name of Individual/Representative) (Organization, if applicable)

hereby request permission to use the following facility: Eufay Woods Park

Type of event Opening Day Ceremonies Event Date & Time 3/9/19 7:30-3:30  
(Company picnic, family picnic, fund raiser, birthday party, etc.)

Will there be an admission charge, sale, solicitation, donation, or collection involved with your use? yes

Will other equipment be used (i.e., sound equipment, stage, speaker(s), jump house, dunk tank, etc.)? \_\_\_\_\_

If yes, describe: PA system  
(WATERSLIDES OR JUMP HOUSES WITH WATER FEATURES ARE PROHIBITED IN PARKS)

Will your use require the placing of signs, flyers, or posters on District property? no

**INSURANCE:** Applicant must provide Olivehurst Public Utility District a properly worded Certificate of Insurance from an insurance company licensed to do business in the State of California as proof of possession of general liability, owner, landlords and tenants, or general homeowners insurance, providing for personal injury, death and property damage in the amount of not less than \$500,000.00. In the case of other than private use, said certificate shall also provide as additionally insured the Olivehurst Public Utility District, its officers, agents, and employees. Such insurance will be primary coverage for any liability arising from applicants' use of the facilities. The certificate must cover all dates and hours of facility use. INITIAL HERE AR

Any change, alteration or modification of intended use must be approved by Olivehurst Public Utility District. Change can result in cancellation of use. Any misrepresentation of your group or use, or failure to comply with Park Use Guidelines may result in expulsion from the park. INITIAL HERE AR

IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT APPLICANT/ORGANIZATION SHALL SAVE, KEEP AND HOLD HARMLESS OLIVEHURST PUBLIC UTILITY DISTRICT, ITS OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS FROM ALL DAMAGES, COSTS OR EXPENSES IN LAW OR EQUITY THAT MAY AT ANY TIME ARISE OR BE SET UP BECAUSE OF DAMAGES TO PROPERTY OR PERSONAL INJURY RECEIVED BY REASON OF OR IN THE COURSE OF USING OR OCCUPYING THE FACILITY. INITIAL HERE AR

I AND/OR MY ORGANIZATION FURTHER EXPRESSLY CERTIFY THAT I AND/OR MY ORGANIZATION WILL BE RESPONSIBLE FOR ANY DAMAGE OR LOSS SUSTAINED TO THE GROUNDS, BUILDING, OR EQUIPMENT OCCURRING, OR UNUSUAL CLEAN-UP REQUIRED, AS A RESULT OF MY AND/OR MY ORGANIZATION'S USE OF THE FACILITY. AMOUNT OF CLEANING DEPOSIT WILL BE BASED ON TYPE AND SIZE OF EVENT. IT IS UNDERSTOOD AND AGREED THAT APPLICANT/ORGANIZATION WILL CLEAN UP ALL DECORATIONS AND TRASH OR CLEANING DEPOSIT WILL BE FORFEITED. **NO PERSONAL VEHICLES ALLOWED ARE ON PARK GRASS AREAS** AS GRASS AND SPRINKLER HEADS CAN BE DAMAGED. INITIAL HERE AR

Print Name Amanda Rosensteel California D.L. # B7 55 2646

Title/Position (if applicable) Player Agent / Opening Day Coordinator Hm # 530-656-3006

Wk # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

Address 1157 Sabine Ct. City/Zip Plumas Lake 95961

I and/or my Organization understand that this is **not** a park reservation, all park usage is on a first come first served basis. INITIAL HERE AR. I have read the attached Yuba County Ordinance Code Title VIII, Chapter 8.76 relating to County Parks and Recreation Areas. INITIAL HERE AR. If you are planning on using the District facilities on a recurring basis (i.e. soccer, dance classes, etc.), you will need to contact the OPUD Business Office regarding a "Facilities Use Contract".

**FOR OFFICIAL USE ONLY:** Cleaning Deposit Paid \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_

Insurance:  Yes  No Approved:  Disapproved:  Remarks: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_