

EVENT PERMIT



Ordinance 14-15

CAR & TRUCK BENEFIT SHOW 18 PM 3: 49

PERMIT NUMBER:

TMP2015-00259

Date(s) of Event:

September 19, 2015 from 8:00am until 4:00pm

Property Owner:

LEE COUNTY

Applicant:

LARRY L DUDLEY

Contact: LARRY L DUDLEY

DUNTY ADMINISTRATION

Description:

Car & Truck Show

Location of event:

BEN C PRATT SIX MILE CYPRESS PKWY FORT MYERS 33912

LEE COUNTY SPORTS COMPLEX/Corner of Six Mile Cypress Pkwy and Portofino

Cir ***727-455-5969

Will the event be attended by 1000 or more people?

No

Will the event be held on County Owned Property?

Yes

Will there be alcohol consumed or sold at the event?

No

Will a bond be posted for this event?

No

Permit Conditions:

- * Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- * The premises is to be left in the same condition as it was prior to the event.
- * The permit is to be readily available for inspection during the entire event.
- * If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners

Lee County, Florida

County Manager

ftmpprmt specialevent.rpt



Event Application

Special Event

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography

9/19/15 1MP2015-00259



Event Application

- F SPECIAL EVENT PERMIT
- USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	LEE Co. Sports Com DREN GRENT TRUCK BENEFIT
Date(s) of Event / Production:	SEPTEMBER 19, 2015
Location(s) of Event:	14106 Six Mice Cypress Prwy, Fl. Myers, Fc.
Name of Applicant:	CARRY L. DUDCEY
Applicant Address:	4604 CENTRAL ANE, UNITA, SP. PEPERSBURG, FL.
Applicant Phone Number:	727-455-5969 OR 727-321-1211
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	LARRYL DUDGEY @ VERIZON. NET
Estimated Attendance:	100 CARS
Event Description: Include each activity, when activities take place, etc.	CAIZ & TRUCK SHOW
Hours of Operation:	8AM - 4 PM.
STRAP # of Parcel:	304525000000000
Owner of Premises*:	LEE COUNTY

^{*}Notarized statement from the property owner specifically consenting to the proposed use required.



Fill out the following questions for all permit types:
What is the Zoning Classification of the premises?
Are any temporary structures to be installed for the event? Yes No Type: 10 X 10 TENT
Do you have the appropriate permits for the temporary structures?
* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities indentified, including all parking areas.
Insurance Company Insuring the Event: ACORD LUS.
Note: Certificate of Insurance must be submitted at time of application
Surety Company Bonding this Event (Name and Address):
Will Vehicles be Used as Part of This Will Food be Available at this Event? Will Alcoholic Beverages be served/consumed at this Event?
Yes No Yes No
If yes, automobile coverage must be included on the certificate of insurance. If yes, products liability coverage must be included on the certificate of insurance. If yes, products liability coverage must be included on the certificate of insurance.
Name & Address of Organization Providing Food: PARK FOOD VENDOR
Type of Food being Served: #AMBURGERS & Hot Dogs
Section II - USE OF COUNTY PROPERTY PERMIT
Organization Sponsoring the Event:
Fill out this portion for applications for Solicitation in the County Rights-of-Way:
Name of Charity:
Address of Charity:
Phone Number:
Non-profit certificate/registration number:
(Proof of registration with the Dept. of Agriculture & Consumer Services §496.405 or proof the organization is exempt from this requirement. §316.2045)
Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT
Is alcohol being sold/consumed on County Property? Yes Yes Yes Yes Yes Yes Yes Ye
Non-profit certificate/registration number: (Required if alcohol is to be <u>SOLD</u> at the event)
Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for

further details



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

TV Movie or Special TV	Series / Pilot	TV Comme	rcial Sti	II Photos
Public Service Announcement Indu	ustrial / Documentary	Other:		
I any of the following be needed or inclu	ided*?			
Street Closure	, 1	┌─ Yes	┌ No	
Traffic / Crowd Control	//,	┌ Yes	┌ No	
Fire or Burning	1//	☐ Yes	☐ No	
Explosives or Pyrotechnics	11/11	T Yes	T No	
Animals, Large or Small	/ V / I	Yes	┌ No	
Construction of Any Kind		Yes	r No	
Large and/or Numerous Vehi	cles	Yes	☐ No	
Helicopters, Boats, etc.	6	Yes	┌ No	
Stunts		☐ Yes	┌ No	
Other	X 5	Yes	┌ No	
De die - De ruinementer	3			
Special Parking Requirements:				
	unnal aquinment facilitie	s etc)		
	onnel, equipment, facilitie	s, etc.)		
	onnel, equipment, facilitie	s, etc.)		
City or County Services Required: (Perso	onnel, equipment, facilitie	s, etc.)		
	r local and state records o	n production in	Florida to trac ble.	k the economic impac
City or County Services Required: (Personal County Services))	r local and state records o	n production in closely as possi	Florida to trac ble. mber of locals hi	
City or County Services Required: (Perso	r local and state records of ilable, please estimate as	n production in closely as possi Nu	ble.	

Applicant Agreement - Signature Required



SECTION I - SAFETY

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

SECTION II - INSURANCE

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted permises or improvement thereto, or arising from the use of the premises.

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.

Applicant Agreement - Signature Required



SECTION V - AGREEMENT

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.

Signature of Applicant

ARRY L. Durey

Print Name of Applicant and Title

Print Name of Witness

9-16-15

Date

Date



LEE COUNTY SHERIFF'S DEPARTMENT 14750 SIX MILE CYPRESS PARKWAY FORT MYERS,FLORIDA33912 (239) 477-1199

Check the appropria	ite box(es) belo	w:
☐ SPECIAL EVI	ENT PERMIT	
USE OF COL	JNTY PROPERTY P	PERMIT
PERMIT TO	SELL AND CONSU	ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IT	
AFTER REVIEWING THE	APPLICATION, PL	EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION
WILL REQUIRE THE APPL	ICANT TO COMPL	Y WITH FOR THEIR EVENT.
Parking:	In authorized par	king areas only.
Deputies (How Many?):	None required.	
	NA	
	101	
Fee for Services:		
		사용함 - 사용자
Special Arrangements:	None.	
	Print Name:	Capt. Scott Lucia
	Signature:	Capt. Doott K. Lucia
	Title:	Special Events, Permits and Details
	Date:	17 September 2015



FIRE DEPARTMENT

The Fire Department serving the area where the event is to be held signs this form.

Please see User's Guide for contact information and Fire District Map.

Check the appropria	ite box(es) belo	w:			
USE OF COU	JNTY PROPERTY P	PERMIT			
AFTER REVIEWING THE AVILL REQUIRE THE APPLIC	APPLICATION, PLE CANT TO COMPLY	EASE INDICATE BE WITH FOR THEIR E	OW WHAT ARRAN	gements your or	(GANIZATION
Fire Guards (How Many?)	NA				
Fee for Services:					
Flammable Vegetation:					
First Aid Equipment:	Ç.	9 6 7			
Fire Extinguishing:					
Special Arrangements:					
	Print Name: Signature: Title: Date:				



EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY 14752 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912 (239) 533-3911

Check the appropriate box(es) below:

FILM PERM	JNTY PROPERTY PERMIT IT
AFTER REVIEWING THE WILL REQUIRE THE APPLI	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Treatment Facilities:	M
Medical Personnel:	M
Medical Supplies / Equipment:	MA
Safety Requirements:	MA
Fee for Services	pt. bitled at for of fordize
Special Arrangements:	eall 9-1-1 as needed In emergencies
	Print Name: S COTT PURE
	Signature:
	Title: Dipty Drefor
	Date: 9/10/15



DEPARTMENT OF TRANSPORTATION 1500 MONROE STREET FORT MYERS,FL33901 (239) 533-8580

Check the appropri	ate box(es) belo	ow:	
SPECIAL EV	ENT PERMIT		
Comment)	UNTY PROPERTY I	PERMIT	
PERMIT TO	SELL AND CONSU	IME ALCOHOLIC BEVER	AGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IIT		
			ARRANGEMENTS VOLID ORGANIZATIO
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PL	EASE INDICATE BELOW	/ WHAT ARRANGEMENTS YOUR ORGANIZATIO NT.
WILL REQUIRE THE APPL	ICANT TO COMPL	IT WITH ON THEM EVE	
Parking:	No event parking or	n or within 10 feet of Lee Co	unty maintained road rights-of-way.
	5.97	in the second se	
Ingress and Egress:	Use all established	means of ingress and egress	5.
			w
Special Arrangements:	Use Lee County She	eriff's Office for assistance w	ith traffic control as needed.
	Print Name:	Bryan Miller	
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2015.09.17 14:37:09 -04'00'
	Title:	Senior Project Manager	
	Date:	September 17, 2015	
		,——————————————————————————————————————	



LEE COUNTY PARKS AND RECREATION 3410 PALM BEACH BOULEVARD FORT MYERS,FLORIDA33916 (239) 533-7275

Check the approprie	ate box(es) below:
SPECIAL EVIDENCE OF COL	UNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
llumination:	N/A
Parking Areas:	PARKING LOT IN FRONT OF THE BASE BALL COMPLEX @LEE CO. SPORTS COMPLEX 14108 SIX MILE CYPRESS PKWY FT. MYERS, FL. Event organizer must clean trush and below from purking areas and crent venue at conclusion of EVENT. PREMIUM PRODUCTIONS 4604-A CAPITAL AVENUE
Special Arrangements:	Frent organizer must clean track and belons from purking areas and event venue at conclusion of event. PREMIUM PRODUCTIONS 4604-A Central Avenue St. Petersburg, FL 33711 727-321-1211
	Print Name: Alise Flanjack Signature: Alise Flanjack Title: Deputy Director Date: 9-16-15

Page |10



LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4TH FLOOR 2115 SECOND STREET FORT MYERS,FLORIDA33901 (239) 533-2221

Check the appropriate	e box(es) below:
F SPECIAL EVEN	IT PERMIT
1.	ITY PROPERTY PERMIT
PERMIT TO SE	ELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMIT	
AFTER REVIEWING THE A WILL REQUIRE THE APPLIC	PPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ANT TO COMPLY WITH FOR THEIR EVENT.
-	Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to the applicants use of aforementioned event on Lee County property.
Special Arrangements:	A certificate of insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FI 33902 as the certificate holder and as an additional insured.
	Print Name: Mike Figueroa
	Signature:
	Title: Risk Program Manager
	Date: September 16, 2015

ACORD

CERTIFICATE OF LIABILITY INSURANCE

9/15/15 1d

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

certificate holder in lieu of such endorsement(s)		CONTACT Loretta Dearing	and the same of th
PRODUCER J.C. Taylor, Inc.	revised	PHONE 1800-272-6784 ext340 [AAC, No]: 15-MAIL	
320 S. 69th St. Upper Darby, Pa. 19082	*	insurera; Foremost Property & Casualty	NAIC #
Premium Auto Enthusiasts c/o Larry Dudley 4604 Central Ave.		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
St. Petersburg, FL 33711	E NUMBER:	REVISION NUMBER:	10V 050100

COVERAGES

CERTIFICATE NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

EX	RTIFICATE MAY BE ISSUED OR MAY I	XEN	SUBAL		POLICY EFF	POLICY EXP	LIMITS	
	TYPE OF INSURANCE	INSH.	YYYO	POLICY NUMBER	(MM/COFFEE)	116.04.10.00.1	EACH OCCURRENCE	:1,000,000
	GENERAL LIABILITY	**					DAMAGE TO RENTED PREMISES (Ea occumence)	\$1,000,000
Acres of	X COMMERCIAL GENERAL LIABILITY	Y	and the second	PPS01161092	9/1/14	9/1/15	MED EXP (Any one person)	\$10,000.
1	CLAIMS-MADE X OCCUR						PERSONAL & ADVINJURY	\$1,000,000
A contract							GENERAL AGGREGATE	\$2,000,000
111111 Table							PRODUCTS - COMP/OP AGG	\$2,000,000
-	GEN'L AGGREGATE LIMIT APPLIES PER						COMBINED SINGLE LIVIT	\$ 000 000
_	X POLICY JECT 1000					0.00	(Es eccident) (Es eccident)	\$1,000,000
							BODILY INJURY (Per accident)	\$
	ANY AUTO ALL OWNED SCHEDULED AUTOS				9/1/14	0/1/15	PROPERTY CAMAGE	3
	X HIRED AUTOS X AUTOS	Y		PPS01161092	9/1/14	3/1/13	(bet sondauri	\$
				1 1 1			EACH OCCURRENCE	3
	UMBRELLA LIAB OCCUR	-		Lex			AGGREGATE	3
	EXCESS LIAB CLAIMS-MADE		Christian					3
	DED RETENTION \$	-	-				WC STATU: OTH	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						E.L. EACH ACCIDENT	3
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	NIA				The state of the s	E.L. DISEASE - EA EMPLOYEE	
	(Mandawry in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Marine Control	-		Yana (Canada		E.L. DISEASE - POLICY LIMIT	\$
	DÉSCRIPTION OF OPERATIONS below	+	1					
			***************************************	Vicinity in case of the Control of t	4000	-		
				turing and the second s		a saper sa		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES [Attach ACORD 101, Additional Remarks Schedule, if more space is required]

Car/Truck Show

Sept. 19, 2015

14108 Ben Pratt Six Mile Cypress Pkwy. Ft. Myers, FL 33912

on MP 09/11/15

CERT	1F	CA	TE	HO	LD	ER
Chilli	,, ,		, ,		-	

Lee County Management

County Administration Building-4th Floor

2115 Second St. Fort Myers, FL 33901

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Mouras Meakin

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designation Of Premises (Part Leased To You):

14108 Ben Pratt Six Mile Cypress Pkwy. Ft. Myers, FL 33912

Name Of Person(s) Or Organization(s) (Additional Insured):

Lee County Management County Administration Builsing-4th Floor Fort Myers, FL 33901

Additional Premium: \$ 0

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

- 1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
- 2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

- · 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations:

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



LEE COUNTY VISITOR & CONVENTION BUREAU 2201 SECOND STREET, SUITE 600 FORT MYERS, FLORIDA 33901 (239) 338-3500

Check the appropriate	box(es) below:
FILM PERMIT	ONLY WH
AFTER REVIEWING THE AF WILL REQUIRE THE APPLICA	PPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ANT TO COMPLY WITH FOR THEIR EVENT.
Special Arrangements:	
Other:	
	Print Name: Signature: Title: Date:



Lee County Parks and Recreation 3410 Palm Beach Blvd. Port Myers, FL. 33916 Phone: 239-461-7400

Invoi	ce Numb	er:
*** 4 0 4	AA TIMBILL	/ br8 s

This permit entitles holder to exclusive use of the following facilities during the hour and date shown below. This permit also serves as a bill. All reservations must be paid for in advance. Refunds of community center rental fees will be made if notification of cancellation is made at least 72 hours before the scheduled use. A refund request must be signed by the renter and permit returned to obtain the refund. The refund policy does not apply to annually scheduled users.

Date issued: 5-7-15 Name: Larry Dudley Type of Activity: Car Show Address: 8480 49th St. N Organization/Team: Premium Productions City/State/Zip: Pinellas Park, FL. 33781 Phone Number: 727-455-5969 Times Date: 9-19-15 From:7am To: 5pm Date: From: To: Bldg. / Field #: SB #--- Plaza paved parking and parking lot #1 Name of Facility: Lee County Sports Complex Other Comments: Volume for any music played must not disturb any business operations. Hours: Rate: Total Fee: \$300.00 RU BL Approved by:

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK FOR LEE COUNTY PARKS AND RECREATION PROGRAMS/ACTIVITIES PLEASE READ THIS FORM CAREFULLY and be aware that in signing up and participating in Lee County Parks and Recreation program/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with Lee County Park programs/activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there may be certain risks involved in participating in park programs/activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, that my minor child/ward or I may sustain as a result of participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in such programs/activity against the County, including their respective officials, officers, employees, and volunteers (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these

I indemnify and hold harmless Lee County, any of its employees and/or agents from any and all claims from my use of county property or participation in any county programs. I will further indemnify and "hold harmless" the County, its employees and/or agents from all costs, expenses and liabilities resulting from any claim brought from my child's/children's use of county property and/or participation in county programs to the extent of the County's liability under general law.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above and, for myself, my heirs, assigns, and my minor child(ren)'s involvement or participation in the program as provided above.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, your facsimile signature shall be substitute for and have the same legal effect as an original form signature.

PARTICIPANT'S SIGNATURE

PRINT NAME OF PARTICIPANT

DATE

ALCOHOLIC BEVERAGES ARE NOT ALLOWED IN PARKS OR FACILITIES

