

EVENT PERMIT



Ordinance 17-08

3rd Annual Brain Aneursym Awareness Walk in the Park PERMIT NUMBER: TMP2019-00041

Date(s) of Event: March 30, 2019 from 9:00am until 12:00pm

Property Owner:

LEE COUNTY

Applicant:

KATHLEEN MONAHAN

718-826-5566

Description:

Walk for Brain Aneurysm Awareness

Location of event:

7330 GLADIOLUS DR, FORT MYERS, FL 33908

Lakes Regional Park

Will the event be attended by 1000 or more people? No

Yes Will the event be held on County Owned Property?

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

Date

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography



Event Application

Check the appropriate box(es) below:

V	SP	EC	IAL	EV	EN	TP	ER	MI	Barrero.
---	----	----	-----	----	----	----	----	----	----------

USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Section I - GENERAL INFO	ORMATION (All Permit Types)
Title of Event / Name of Production	3rd Annual Brain Aneursym Awareness Walk in the Park
Date(s) of Event / Production:	March 30, 2019
Location(s) of Event:	Lakes Region Park
Name of Applicant:	Brain Aneurysm Foundation
Applicant Address:	269 Hanover St Bldg 3 Hanover, MA 02339
Applicant Phone Number:	781-826-5566
Contact Person: (If different from applicant)	Kathleen Monahan
Contact Phone Number: (If different from applicant)	781-826-5566
Email Address:	kathleen@bafound.org
Estimated Attendance:	100
Event Description: Include each activity, when activities take place, etc.	9:00am check in 10am walk 11:30 wrap up 12pm clean up
Hours of Operation:	8am-1pm
STRAP # of Parcel:	26-45-24-00-00008.0000
Owner of Premises*:	Lee County

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



Fill out the following questions for allpermit types:

further details

What is the Zoning (Classification of the p	oremises?			
Are any temporary s	structures to be insta	illed for the event?	Yes X No	Гуре:	
Do you have the app	propriate permits for	the temporary struc	tures?	┌── Yes ┌─	No
	nt' and 'Use of Coun	ty Property' permit, s		th all proposed faci	lities and activities
Insurance Company	Insuring the Event:	Atlantic Advisers Ins. A	Agency, Inc		
	rance must be submitte	***************************************			
Surety Company Bo	onding this Event (Na	me and Address):			
	sed as Part of This	Will Food be Availa	able at this Event?		c Beverages be led at this Event?
┌─ Yes	⋉ No	Yes	⊠ No	Yes	⊠ No
If yes, automobile included on the cert		If yes, products liabili included on the cert			ity coverage must be rtificate of insurance.
Name & Address of Providing Food:	f Organization				
Type of Food being	Served:				
Section II - US	E OF COUNTY P	ROPERTY PERM		અંતાના વારતા કરવા છે. તેમ કે જેવા કે પ્રત્યાલ કરવા છે. તેમ કે માટે કરવા કરવા કરવા કરવા કરવા કરવા કરવા કરવા	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Organization Spon	soring the Event: Br	ain Aneursym Foundat	ion		kum agyan di ng tao ini ini an ini ini ini ini ini ini ini
-	, conservation	Solicitation in the C	ounty Rights-of-Wa	y;	
Name of Charity:	Brain Aneursym Foun	dation			
Address of Charity	: 269 Hanover St. Bld	g 3, Hanover, MA 0233	9		
Phone Number: 78					
Non-profit certific	ate/registration nun	nber: 04-3243864			
(Proof of registration with	h the Dept. of Agriculture 8	Consumer Services §496.40	5 or proof the organization	is exempt from this requ	lirement. §316.2045)
Section III - SA	ALE/CONSUMPT	ION OF ALCHOL	IC BEVERAGES F	PERMIT	
Is alcohol being so	ld/consumed on Cou			T Yes - T	
Non-profit certific	ate/registration nun be <u>SOLD</u> at the event)	nber:	-		
Please note: A permit	from the State of Florida	Division of Alcoholic Bev	erages and Tobacco may	also be required; pleas	se call (239) 344-0885 for



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

TV Movie or Special	TV Series / Pilot	TV Comme	*	Still Photos	
Public Service Announcement	ent Industrial / Documentary	Other:			
I any of the following be ne	eded or included*?				
Street Closure		Yes	⋉ No		
Traffic / Crowd (Control	┌─ Yes	▼ No		
Fire or Burning		T Yes	R No		
Explosives or Py	rotechnics	r Yes	I⊠ No		
Animals, Large o	or Small	┌─ Yes	▼ No		
Construction of	Any Kind	┌ Yes	⊠ No		
Large and/or Nu	imerous Vehicles	T Yes	▼ No		
Helicopters, Boa	its, etc.	r Yes	IX No		
Stunts		┌─ Yes	R No		
Other		Yes	▼ No		
For any marked Yes, providence of the Forman	ts:				
	ts:				
	its:				
Special Parking Requiremen	ts: uired: (Personnel, equipment, facil	lities, etc.)			
Special Parking Requiremen		lities, etc.)			
Special Parking Requiremen		lities, etc.)			
Special Parking Requiremen		lities, etc.)			
Special Parking Requiremen City or County Services Req The following information is	uired: (Personnel, equipment, facil	ds on production ir		track the econo	omic imp
Special Parking Requiremen City or County Services Req	uired: (Personnel, equipment, facil	ds on production ir		track the econo	omic imp
Special Parking Requiremen City or County Services Req The following information is	uired: (Personnel, equipment, facil	ds on production in as closely as poss			omic imp
Special Parking Requiremen City or County Services Req The following information is the industry. If exact figure	uired: (Personnel, equipment, facil s required for local and state record s are not available, please estimate Number in Crew:	ds on production in as closely as poss	ible.		omic imp
Special Parking Requiremen City or County Services Req The following information is the industry. If exact figure Number in Cast:	uired: (Personnel, equipment, facil s required for local and state record s are not available, please estimate Number in Crew:	ds on production in a sclosely as poss Number of the county:	ible.		omic imp

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 his/her knowledge.	any and all information is accurate to the best of
Alman	Warelllouk
Signature of Applicant	Witness
Executive Director	Kathler Monahaw
Print Name of Applicant and Title	Print Name of Witness
11/12/18	11/12/18
Date	Date



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

check the appropri	ate box(es) below:
▼ SPECIAL EN	PENT PERMIT
	DUNTY PROPERTY PERMIT
	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	AIT
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorized areas only.
Deputies (How Many?):	None.
Fee for Services:	None.
Special Arrangements:	It is understood by this office that the event will take place within the confines of the park and that the participants will be using the designated pathways to get around the park.
	Print Name: Lt. K. Sonier Signature: ### 95087 Title: Special Operations Division Date:



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 appropri	ate	box(es) belo	ow:		
☐ SPECIAL E\	/EN	T PERMIT			
▼ USE OF CO)UIV	TY PROPERTY	PERMIT		
FILM PERN	ЛΙΤ				
AFTER REVIEWING THE WILL REQUIRE THE APPL				LOW WHAT ARRANGEMENTS	S YOUR ORGANIZATION
Fire Guards (How Many?)	NA				
Fee for Services:	NA	4400 Million (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986)			Minimum and property and an arrangement of the second of t
Flammable Vegetation:	NA				
First Aid Equipment:	CAL	L 911 IF NEEDEC)		
Fire Extinguishing:	NA	and it is his many makes the Management and the Comment			
Special Arrangements:	NA				
		Print Name:	Nate Burley		
		Signature:	Nate Burley	Digitally signed by Nate Burley Date: 2019.01.30 14:39:56 -05'00'	
		Title:	Division Chief-Fire an	d Life Safety	-
		Date:	Jan. 30, 2019		



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

Check the approprie	ate box(es) belov	v:
☐ SPECIAL EV ☐ USE OF CO ☐ FILM PERM	UNTY PROPERTY PE	RMIT
AFTER REVIEWING THE	APPLICATION, PLE	ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Treatment Facilities:	None necessary.	
Medical Personnel:	None necessary.	
Medical Supplies / Equipment:	None necessary.	
Safety Requirements:	No additional precau	tions necessary.
Fee for Services	Not applicable.	
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. To arrange special event coverage, contact our office at
	Print Name:	Douglas B. Higgins
	Signature:	Douglas B. Higgins Douglas B. Higgins Describeration of the State of
	Title:	Division Chief
	Date:	11-14-18



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

Check the appropri	ate box(es) bel	ow:		
☐ SPECIAL EV	ENT PERMIT			
⋉ USE OF CO	UNTY PROPERTY	PERMIT		
F PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVE	RAGES WITHIN LEE COUNTY	FACILITIES
FILM PERM	NIT			
AFTER REVIEWING THE WILL REQUIRE THE APP			W WHAT ARRANGEMENTS ENT.	YOUR ORGANIZATION
Parking:	Park in designated	areas. No event parking on	Lee County maintained road rig	hts-of-way.
	NAME OF THE PROPERTY OF THE PR			14
Ingress and Egress:	Use all established	means of ingress and egre	SS.	
Special Arrangements:	None.			
	www			
	Print Name:	Bryan Miller		
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2018.11.28 14:19:22 -05'00'	
	Title:	Senior Project Manager		
	Date:	November 28, 2018		



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

Check the appropriate box(es) below:

SPECIAL EV	ENT PERMIT	
USE OF CO	UNTY PROPERTY	PERMIT
PERMIT TO	SELL AND CONSU	IME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	1IT	
,		
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Illumination:	Event organizer mu	st provide own lighting if needed to safely run the event.
	l .	
Parking Areas:	Park Gates Open at Parking is limited to vehicles are require Regional Parking st	o the designated parking areas inside Lakes Park. Parking is first come, first serve. All ed to display their event parking pass, display their paid parking receipt or have a
Special Arrangements:	first stations. All tra No painting or peri directional signs (IE 10:00 am Event banners may	esponsible for set up and break down of race route/event signs, drink stations and sh and event trash and debris must be cleaned up prior to leaving the park. manent markings allowed on the roads or pathways (chalk is acceptable). Removable survey flags, real estate signs and cones) are permitted but must cleaned up by be hung at your Shelters. To rothicles are permitted on the pathways. To am
	Print Name:	Alise Flanjack
	Signature:	Abse Flangick
	Title:	Deputy Director
	Date:	1/24/19
2		

Page |10



LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4TH FLOOR 2115 SECOND STREET FORT MYERS, FLORIDA 33901 (239) 533-2221

Check the appropriat	e box(es) bei	low:
	NT PERMIT	
⋉ USE OF COU	NTY PROPERTY	PERMIT
☐ PERMIT TO S ☐ FILM PERMIT		UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE A	PPLICATION, F CANT TO COME	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATIOPLY WITH FOR THEIR EVENT.
Insurance Requirements:	occurrence to pr	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to applicants use of event within Lee County.
Special Arrangements:		
	Print Name: Signature: Title: Date:	Mike Figueroa Risk Program Manager November 13, 2018



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2018

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.

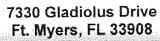
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer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

this certificate does not confer rights to t	ne ce	rtificate holder in lieu of such	i endorsement(s). CONTACT Margaret k	(udla		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
RODUCER			NAME:		FAX (A/C, No):	(781) 6	59-4725
Sordon Atlantic Insurance			IA/L, NO. EXII	ionatlanticinsu	29 x 2000 by 2000 property and 2000 per control of the control of		***************************************
306 Washington Street			ADDRESS: "" 9 9 9 9 1				410.4m H
*		*** *****	INSURER(S) AFFORDING COVERAGE NAIC &				
Norwell		MA 02061	INSUNENA:		***************************************		29459
NSURED			INSURER B: Twin City	Fire Insurance	: U0		£0400
Brain Aneurysm Foundation Inc.			INSURER C:				
269 Hanover St.			INSURER D :				
Bldg. 3			INSURER E :				
Hanover		MA 02339	INSURER F :				
OVERAGES CERT	IFIC/	ATE NUMBER: 18-19 Master			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF IN INDICATED. NOTWITHSTANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PERTAL EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.	EMEN	NT, TERM OR CONDITION OF ANY IE INSURANCE AFFORDED BY TH	E POLICIES DESCRIBEIN REDUCED BY PAID CL	DOCUMENT V DHEREIN IS SU AIMS.	ALL MESTED FOR MUNCH II	OD HS	
(0)	ADDL:	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
COMMERCIAL GENERAL LIABILITY						\$ 1,00 \$ 1,00	
CLAIMS-MADE S OCCUR					MED EXP (Any one person)	s 5,00	0
,	Υ	MAC 2131832	04/01/2018	04/01/2019	PERSONAL & ADV INJURY	s 1,00	0,000,
^ <u> </u>	1	MANA TIGETAL					0,000
GEN'L AGGREGATE LIMIT APPLIES PER:	I				GENERAL AGGREGATE	4	0,000
POLICY PRO- LOC		X X			PRODUCTS - COMP/OP AGG	\$ ~	***************************************
OTHER:					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	000,00
AUTOMOBILE LIABILITY					BODILY INJURY (Per person)	\$	***************************************
ANY AUTO SCHEDULED		CAP1765420	04/01/2018	04/01/2019	BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS		UAF 1700420	0-80 820 10		PROPERTY DAMAGE	\$	
HIRED AUTOS ONLY AUTOS ONLY					(Per accident)	s	
						3 0/	20,000
✓ UMBRELLA LIAB ✓ OCCUR			04/01/2018	04/01/2019	EACH OCCURRENCE	3.00	00,000
A EXCESS LIAB CLAIMS-MADE		UMB4259123	0-470 1120 10	04/01/2019	AGGREGATE		
DED RETENTION \$ 10,000					➤ PER OTH-	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						s 100	000
ANY PROPRIETOR/PARTNER/EXECUTIVE	NIA	08WECAA6N41	08/01/2018	08/01/2019	E.L. FACH ACCIDENT	400	,000
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	Enc	0,000
if yes, describe under DESCRIPTION OF OPERATIONS below				ļ	E.L. DISEASE - POLICY LIMIT	\$ 500	
			Average and the second				
				1		<u></u>	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	CORD 101, Additional Remarks Schedu	e, may be attached if more	space is required	1		
Event: Walk in the Park							
Certificate Holder is included as an Additional In	nsurer	t on the General I lability Coverac	ie, when required by Wi	itten contract s	igned prior to the loss. No		
coverage exists for the sole negligence of the a	dditio	nal insured(s).			- '		
and the first milking and consistent control and and an action to a property and an action of the second of the		*	1, 142				
			OL Miliali	В			
			16/5-21.			www.com.com.com	
ACOTICIANTE UNI DED	***************************************		CANCELLATION	**************************************			
Lee County Board of County Cou	ommis	ssioners	SHOULD ANY OF	DATE THERE	ESCRIBED POLICIES BE CA DF, NOTICE WILL BE DELIVE CY PROVISIONS.	NCELLI RED IN	ED BEFORE
PO Box 398			AUTHORIZED REPRES	ENTATIVE		.,	
Fort Myers		FL 33902			u abe	,	
i i					5 ACORD CORPORATION	***********	



Lakes Regional Park

Shelter Guidelines & Rules





Thank you for renting a shelter at Lakes Regional Park.

Shelters A1, A2, A3, A4, A7,A8 accommodates 36 people. Shelters B1, B2, B3, B4 accommodates 90 people.

Shelters C1 and D1 accommodates 120 people.

To make your shelter rental more enjoyable and for the safety of all park visitors and natural inhabitants, please abide by the following guidelines:

THESE ITEMS ARE NOT PERMITTED: PETS, ALCOHOL, GREASE/DEEP FRYERS, LARGE TENTS SECURED WITH STAKES, SLIDES, POOLS OR SLIP & SLIDES, DYE/COLOR ACTIVITES

- SHELTER CHECK IN: Your shelter rental is from 8:00am to 5:00pm. Please have a paper or electronic copy of your reservation receipt. Park staff will greet you upon arrival and check in with the person who made the reservation. Please have your shelter cleaned up and ready to vacate by 5:00 p.m.
- SHELTER AMMENITIES/GUIDELINES: All shelters have a charcoal grill (GREASE/DEEP FRYERS ARE PROHIBITED).

 Electric and water are also included. Please leave the shelter in the condition you found it. Remove all decorations. Dispose of trash, and ground litter including broken balloons, candy wrappers, confetti, piñatas, silly string, etc..
- BOUNCE HOUSES/TENTS: Bounce Houses without the use of generators are permitted, slides, slip and slides and pools are
 PROHIBITED. ONE additional shade structure is allowed such as a 10' X 10' pop up tent, please DO NOT drive stakes into the
 ground to secure your tent, sand bags recommended. 10'X10' is the maximum tent size permitted.
- PARKING: You and your guests must display a parking pass in each vehicle. The daily parking fee is \$1/hour or \$5/day cash or credit card is accepted, pay machines do not provide change. Prepaid parking passes can be purchased 48 hrs in advance by calling (239) 533-7578. Prepaid parking passes are \$5.00 per vehicle. Unused prepaid parking passes are NON-refundable.
- VEHICLES/VENDORS: Patron vehicles must stay in the parking lots. Driving onto the park grounds for direct access to your reserved shelter is not permitted. If you have rented shelter C1, A8 or B4 and someone in your party needs assistance getting to one of these shelters, you may want to rent a multi-passenger surrey bike from our vendor, Wheel Fun at (239) 332-2453. Food trucks, bounce houses and other vendors that need access to shelter C1, A8 or B4 may enter this portion of the park by contacting staff at (239) 823-2107.
- WATER FEATURES: The Park has two water features, located near shelters A2 and A3. Water features close daily from 12-1pm for routine maintenance and safety. The picnic tables located in front of the water features are for use by all visitors and should not be considered as available for a party or other activity.

De considered as available for a party of other additity.	
I understand the rules as I have read, or as have been explained to me. I will explain these guideline to everyone in my group. Failure to adhere to these rules by anyone in my group may result in the loss of a deposit and/or exclude me from future rentals at this park. This form must be signed prior to reservation date. Mail to MaryEllen Harper 7330 Gladiolus Drive Fort Myers, FL 33908 or mharper@leegov.com Fax: 239-432-2019 Thank you and enjoy your visit.	S
Signature: Vailer March Date: 11 P P Shelter #: D	
Print Name: Kathlen P. Movaha Reservation Date: 3-30-19	
"Lee County Parks AccreationThe Natural Place To Play" www.leeparks.org	higar tatio



Lakes Regional Park

Shelter Guidelines & Rules

7330 Gladiolus Drive Ft. Myers, FL 33908



Thank you for renting a shelter at Lakes Regional Park.

Shelters A1, A2, A3, A4, A7,A8 accommodates 36 people. Shelters B1, B2, B3, B4 accommodates 90 people.

Shelters C1 and D1 accommodates 120 people.

To make your shelter rental more enjoyable and for the safety of all park visitors and natural inhabitants, please abide by the following guidelines:

THESE ITEMS ARE NOT PERMITTED: PETS, ALCOHOL, GREASE/DEEP FRYERS, LARGE TENTS SECURED WITH STAKES, SLIDES, POOLS OR SLIP & SLIDES, DYE/COLOR ACTIVITES

- SHELTER CHECK IN: Your shelter rental is from 8:00am to 5:00pm. Please have a paper or electronic copy of your reservation receipt. Park staff will greet you upon arrival and check in with the person who made the reservation. Please have your shelter cleaned up and ready to vacate by 5:00 p.m.
- SHELTER AMMENITIES/GUIDELINES: All shelters have a charcoal grill (GREASE/DEEP FRYERS ARE PROHIBITED).

 Electric and water are also included. Please leave the shelter in the condition you found it. Remove all decorations. Dispose of trash, and ground litter including broken balloons, candy wrappers, confetti, piñatas, silly string, etc..
- BOUNCE HOUSES/TENTS: Bounce Houses without the use of generators are permitted, slides, slip and slides and pools are
 PROHIBITED. ONE additional shade structure is allowed such as a 10' X 10' pop up tent, please DO NOT drive stakes into the
 ground to secure your tent, sand bags recommended. 10'X10' is the maximum tent size permitted.
- PARKING: You and your guests must display a parking pass in each vehicle. The daily parking fee is \$1/hour or \$5/day cash or credit card is accepted, pay machines do not provide change. Prepaid parking passes can be purchased 48 hrs in advance by calling (239) 533-7578. Prepaid parking passes are \$5.00 per vehicle. Unused prepaid parking passes are NON-refundable.
- VEHICLES/VENDORS: Patron vehicles must stay in the parking lots. Driving onto the park grounds for direct access to your reserved shelter is not permitted. If you have rented shelter C1, A8 or B4 and someone in your party needs assistance getting to one of these shelters, you may want to rent a multi-passenger surrey bike from our vendor, Wheel Fun at (239) 332-2453. Food trucks, bounce houses and other vendors that need access to shelter C1, A8 or B4 may enter this portion of the park by contacting staff at (239) 823-2107.
- WATER FEATURES: The Park has two water features, located near shelters A2 and A3. Water features close daily from 12-1pm for routine maintenance and safety. The picnic tables located in front of the water features are for use by all visitors and should not be considered as available for a party or other activity.

I understand the rules as I have read, or as have been explained to me. I will explain these guidel to everyone in my group. Failure to adhere to these rules by anyone in my group may result in th loss of a deposit and/or exclude me from future rentals at this park. This form must be signed pri to reservation date. Mail to MaryEllen Harper 7330 Gladiolus Drive Fort Myers, FL 33908 or mharper@leegov.com Fax: 239-432-2019 Thank you and enjoy your visit.	1 C
Signature: $\frac{1}{1}$ 1	
"Lee County Parks Recreation The Natural Place to Play" www.leeparks.org	

FACILITY SALES RECEIPT

Receipt # Payment Date: Household: Nk Ph:

553997 11/08/2018 113327 (781)826-5566



KATHLEEN MONAHAN 269 HANOVER STREET BLDG 3 HANOVER MA 02339

Terry Park 3410 Palm Beach Blvd Fort Myers FL 33916 Phone: (239)533-7275 Visit us on the Web at: www.leeparks.org

Reservation Details: Lakes Regional Park, Lakes Park Pavilion D-1

Reserv. Contact:

kathleen monahan

Phone Number:

(781)826-5566

Reserv. Number:

37199

Status:

Firm

Purpose:

Brain Aneurysm Awareness Walk

Anticipated Count:

Date(s) And Times

New Fees

50.00

Total Fees 50.00

New Paid

50.00

Total Paid Amount Due 50.00

0.00

50.00

0.00 0.00

50.00

Facility Comments

Sat 03/30/2019 8:00A to 5:00P This is a confirmation receipt of your reservation. Please have this with you the day of your function. Please be advised that you have reserved your site for a private event; birthday party, wedding, anniversary, family reunion, business meeting, church, company or family picnic, etc. If you have reserved for a fundraiser, walk, run or community event you must contact the booking facility immediately. If you fail to contact the facility you could risk cancellation or postponement of your event. All cancellations or permit changes must be made by calling (239) 533-7578 with a minimum of 72 hours from permit date or no refund or permit change will be granted. A \$10 cancellation fee will apply. It is understood by both parties that this reservation is only for the date(s) shown and should not be construed as an ongoing reservation.

Alcoholic beverages, pets and fireworks are strictly prohibited. Loud music is also prohibited (bands only permitted by prior approval with written permission of the manager or park supervisor). Failure to obey park rules may be cause to deny future reservations. It is the applicants responsibility to ensure all members of the group obey the park rules.

Excessive trash, destruction or damage to the facility or equipment will be cause to refuse future reservations and for filing charges for damages. Lee County reserves the right to cancel reservation, change meeting room, or limit space availability without notice, and without an adjustment in total cost.

Pavilion reservation does not include daily parking fees: All day parking is \$5.

Total New Fees Processed on 11/08/18 @ 10:34 am by WWW Discount Applied Total New Taxes **Total Due**

Total Fees Paid 50.00 0.00 Total Paid 50.00

Total Taxes Paid

Was to be

FACILITY SALES RECEIPT



Receipt # Payment Date: Household: **553997** 11/08/2018 113327

ousehold Balance Information

Overall Household Credit Balance Available Overall Household Balance Due 0.00

Payment of: 50.00 Made By:WWWVISAMC Auth: 09353G Card#: xxxxxxxxxxxxx0933 With Reference:

Tax ID # (59-6000-702) Note: Cancellation requests are not accepted online, you must call.

Please use our Program Evaluation survey to rate any classes you have taken: http://www.surveymonkey.com/s/Program-evaluation

THIS CHARGE WILL APPEAR ON YOUR CREDIT CARD STATEMENT AS TERRY PARK.

FACILITY SALES RECEIPT



Receipt #
Payment Date:
Household:

553997 11/08/2018 113327

EE COUNTY PARKS & RECREATION PARTICIPANT WAIVER

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK FOR LEE COUNTY PARKS & RECREATION PROGRAMS / ACTIVITIES PLEASE READ THIS FORM CAREFULLY and be aware that in signing up and participating in Lee County Parks & Recreation programs / activities, you will be expressly assuming the risk and legal liability therefore 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 / rehicle 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 said 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 program / activity against the County, including their respective officials, officers, employees and volunteers (hereinafter collectively referred to as â€ceParties―.) 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 programs / activities.

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.

hereby grant permission for myself or my child / ward to be photographed or recorded in connection with any Lee County promotion. I understand that any photographs or other types of media production may be used for purposes, including but not limited to, public service announcements, department brochures and other programs shown to the general public.

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 / ward's involvement or participation in the program as provided above.

have read, had read to me or have had this translated into _____ and read or had the translated version read to me and fully understand the above mportant information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, my facsimile signature shall be substitute for and have the same legal effect as an original form signature.

GLOBAL SALES RECEIPT

Receipt # Payment Date: Household:

Nk Ph:

560814 11/15/2018 113327 (781)826-5566



KATHLEEN MONAHAN 269 HANOVER STREET BLDG 3 HANOVER MA 02339

Terry Park 3410 Palm Beach Blvd Fort Myers FL 33916 Phone: (239)533-7275

Visit us on the Web at: www.leeparks.org

Reservation Details: Lakes Regional Park, Lakes Park Pavilion A-1

Reserv. Contact:

kathleen monahan

Phone Number:

(781)826-5566

Reserv. Number:

37347 Firm

Status: Purnose:

Brain Aneurysm 5K / Walk

Anticipated Count:

36

Date(s) And Times

New Fees

Total Fees

New Paid Total Paid Amount Due

25.00

Sat 03/30/2019 8:00A to 5:00P

25.00 25.00

25.00

0.00

Facility Comments

This is a confirmation receipt of your reservation. Please have this with you the day of your function. Please be advised that you have reserved your site for a private event; birthday party, wedding, anniversary, family reunion, business meeting, church, company or family picnic, etc. If you have reserved for a fundraiser, walk, run or community event you must contact the booking facility immediately. If you fail to contact the facility you could risk cancellation or postponement of your event. All cancellations or permit changes must be made by calling (239) 533-7578 with a minimum of 72 hours from permit date or no refund or permit change will be granted. A \$10 cancellation fee will apply. It is understood by both parties that this reservation is only for the date(s) shown and should not be construed as an ongoing reservation.

Alcoholic beverages, pets and fireworks are strictly prohibited. Loud music is also prohibited (bands only permitted by prior approval with written permission of the manager or park supervisor). Failure to obey park rules may be cause to deny future reservations. It is the applicants responsibility to ensure all members of the group obey the park rules.

Excessive trash, destruction or damage to the facility or equipment will be cause to refuse future reservations and for filing charges for damages. Lee County reserves the right to cancel reservation, change meeting room, or limit space availability without notice, and without an adjustment in total cost.

Pavilion reservation does not include daily parking fees: All day parking is \$5.

ew Pass Registration: LRPPP (LRP Prepaid Parking Fee)

Pass Holder:

kathleen monahan

Pass Number: Valid Dates:

152737

03/30/2019 to 03/30/2019

New Fees 250.00 Total Fees 250.00

New Paid 250.00 Total Paid Amount Due 250.00

0.00

GLOBAL SALES RECEIPT



Receipt #
Payment Date:
Household:

560814 11/15/2018 113327

Processed on 11/15/18 @ 3:24pm by meh	Total New Fees Discount Applied Total New Taxes	275.00 0.00 0.00 Total Due 275.00
	Total Fees Paid Total Taxes Paid	275.00 0.00 Total Paid 275.00

lousehold Balance Information

Overall Household Credit Balance Available Overall Household Balance Due 0.00

0.00

Payment of: 275.00 Made By:VISA/MC Auth: 02362G Card#: xxxxxxxxxxxxx0933 With Reference:

Tax ID # (59-6000-702) Note: Cancellation requests are not accepted online, you must call.

Please use our Program Evaluation survey to rate any classes you have taken: http://www.surveymonkey.com/s/Program-evaluation

THIS CHARGE WILL APPEAR ON YOUR CREDIT CARD STATEMENT AS TERRY PARK.

GLOBAL SALES RECEIPT



Receipt #
Payment Date:
Household:

560814 11/15/2018 113327

LEE COUNTY PARKS & RECREATION PARTICIPANT WAIVER

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK FOR LEE COUNTY PARKS & RECREATION PROGRAMS / ACTIVITIES PLEASE READ THIS FORM CAREFULLY and be aware that in signing up and participating in Lee County Parks & Recreation programs / activities, you will be expressly assuming the risk and legal liability therefore 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 said 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 program / activity against the County, including their respective officials, officers, employees and volunteers (hereinafter collectively referred to 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 programs / activities.

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. I hereby grant permission for myself or my child / ward to be photographed or recorded in connection with any Lee County promotion. I understand that any photographs or other types of media production may be used for purposes, including but not limited to, public service announcements, department brochures and other programs shown to the general public.

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 or ward's involvement or participation in the program as provided above.

I have read, had read to me or have had this translated into ______ and read or had the translated version read to me and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, my facsimile signature shall be substitute for and have the same legal effect as an original form signature.

