



# EVENT PERMIT

Ordinance 17-08



## CHRISTMAS EVE SERVICE AT BOWDITCH BEACH

**PERMIT NUMBER:** TMP2019-00344

**Date(s) of Event:** DECEMBER 24, 2019 FROM 5:00PM UNTIL 6:00PM

Property Owner: LEE COUNTY

Applicant: JIM LEE  
239-481-2125

Description: TRADITIONAL CHRISTMAS EVE SERVICE ON DECEMBER 24, 2019 FROM  
5:00PM UNTIL 6:00PM

Location of event: 50 ESTERO BLVD, FORT MYERS BEACH, FL 33931  
**BOWDITCH BEACH PARK**

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

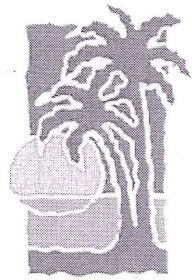
Will a bond be posted for this event ? No

**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      Date



Lee County  
*Southwest Florida*

## Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

CHRISTMAS EVE SERVICE AT BOWDITCH BEACH

TMP 2019-00344



## Lee County Event Permit Application



### Event Application

Check the appropriate box(es) below:

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

Section I - GENERAL INFORMATION (All Permit Types)	
Title of Event / Name of Production	Christmas Eve Service at Bowditch Beach
Date(s) of Event / Production:	12/24/2019
Location(s) of Event:	Bowditch Beach Park @50 Estero Blvd.
Name of Applicant:	Jim Lee
Applicant Address:	9065 Ligon Court Ft. Myers, FL 33908
Applicant Phone Number:	239-481-2125
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	Jim@casepearlman.com
Estimated Attendance:	350
Event Description: Include each activity, when activities take place, etc.	Traditional Christmas Eve service from 5:00 p.m. until 5:45 p.m. on 12/24/19. We will vacate the park no later than 6:00 p.m.
Hours of Operation:	5:00 -5:45 p.m.
STRAP # of Parcel:	244623W10080D0400
Owner of Premises*:	Lee County

\*Notarized statement from the property owner specifically consenting to the proposed use required.

## Lee County Event Permit Application



Fill out the following questions for all permit types:

What is the Zoning Classification of the premises? N/A

Are any temporary structures to be installed for the event? ☐ Yes ☒ No Type: \_\_\_\_\_

Do you have the appropriate permits for the temporary structures? ☐ Yes ☐ No

\* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities identified, including all parking areas.

Insurance Company Insuring the Event: Church Mutual Insurance Company

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 Event?

☐ Yes ☒ No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

☐ Yes ☒ No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

☐ Yes ☒ No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization  
Providing Food: \_\_\_\_\_

Type of Food being Served: \_\_\_\_\_

### Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Westminster Presbyterian Church

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. 5316.2045)

### Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

Is alcohol being sold/consumed on County Property?

☐ Yes ☒ No

If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.

Non-profit certificate/registration number: \_\_\_\_\_

(Required if alcohol is to be **SOLD** 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



Type of Production (choose all that apply):

Will any of the following be needed or included\*?

\* For any marked Yes, provide further details below:

--

\_\_\_\_\_

\_\_\_\_\_

Number in Cast: \_\_\_\_\_ Number in Crew: \_\_\_\_\_ Number of locals hired: \_\_\_\_\_

Total budget: \_\_\_\_\_ Estimate amount spent in Lee County: \_\_\_\_\_

Hotel room nights: \_\_\_\_\_ Number of shooting days: \_\_\_\_\_  
number of rooms x number of nights



#### **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 premises 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.

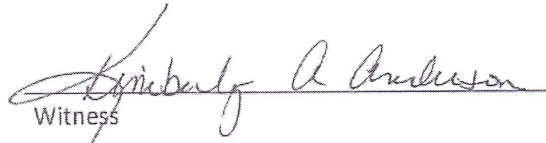
The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

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

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

Jim Lee  
\_\_\_\_\_  
Print Name of Applicant and Title

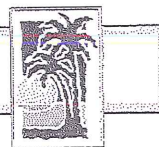
9/5/19  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Witness

Kimberly A. Anderson  
\_\_\_\_\_  
Print Name of Witness

9/5/19  
\_\_\_\_\_  
Date

Lee County Event Permit Application



LEE COUNTY SHERIFF'S DEPARTMENT  
14750 SIX MILE CYPRESS PARKWAY  
FORT MYERS, FLORIDA 33912  
(239) 477-1199

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT  
☒ USE OF COUNTY PROPERTY PERMIT  
☐ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  
☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Parking:

Parking in authorized areas only

Deputies (How Many?):

None

Fee for Services:

None

Special Arrangements:

None

Print Name: Lt. S. Brady

Signature:

*Lt. Steven Brady*

Title:

Special Events, Permits and Details

Date:

9-6-19



## Lee County Event Permit Application



### 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 appropriate box(es) below:*

- ☐ SPECIAL EVENT PERMIT  
☒ USE OF COUNTY PROPERTY PERMIT  
☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Fire Guards (How Many?)	There will need to be at least 1 certified crowd manager based on the anticipated number of attendees. Life Safety Code requires 1 for every 250 persons.
Fee for Services:	Fee is for review of special event only - paid prior to release of signed application.
Flammable Vegetation:	None Permitted.
First Aid Equipment:	None.
Fire Extinguishing:	None.
Special Arrangements:	No tents, tables, chairs identified on application or permitted.

Print Name: Jennifer Campbell

Signature: jcampbell

Title: Deputy Fire Marshal

Date: 10-23-2019

**Lee County Event Permit Application**



**EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY**

**2000 Main St., Suite #100**

**FORT MYERS, FL 33901**

**(239) 533-3911**

*Check the appropriate box(es) below:*

- ☐ SPECIAL EVENT PERMIT  
☒ USE OF COUNTY PROPERTY PERMIT  
☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Treatment Facilities: See Special Arrangements below.

Medical Personnel: See Special Arrangements below.

Medical Supplies / Equipment: See Special Arrangements below.

Safety Requirements: See Special Arrangements below.

Fee for Services See Special Arrangements below.

Special Arrangements: EMS defers to Fort Myers Beach Fire District for specifying EMS coverage for this event, as it falls within their response district. Their department can be contacted at (239) 590-4200.

Print Name: Douglas B. Higgins

Signature: dhiggins@leegov.com

Digitally signed by dhiggins@leegov.com  
DN: cn=dhiggins@leegov.com  
Date: 2019.09.16 16:34:11 -0400

Title: Division Chief

Date: September 16, 2019



## Lee County Event Permit Application



DEPARTMENT OF TRANSPORTATION  
1500 MONROE STREET  
FORT MYERS, FL 33901  
(239) 533-8580

*Check the appropriate box(es) below:*

- ☐ SPECIAL EVENT PERMIT
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- ☐ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- ☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Parking:

Park in designated areas. No event parking on Lee County maintained road rights-of-way.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

Use Law Enforcement for assistance with traffic control as needed.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller  
Date: 2019.09.06 10:24:39 -04'00'

Title: Senior Project Manager

Date: September 6, 2019

**Lee County Event Permit Application**



**LEE COUNTY PARKS AND RECREATION  
3410 PALM BEACH BOULEVARD  
FORT MYERS, FLORIDA 33916  
(239) 533-7275**

*Check the appropriate box(es) below:*

- ☐ SPECIAL EVENT PERMIT  
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☐ FILM PERMIT

**AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.**

**Illumination:**

No illumination before 7 am. Lighting will not be required or permitted.  
Park is open from 7 am to dusk.

**Parking Areas:**

Use designated parking area.

**Special Arrangements:**

Rental fee of \$250.00 is required

**Print Name:** Jesse Lavender

**Signature:** Jesse Lavender

Digitally signed by Jesse Lavender  
Date: 2019.09.10 08:02:08 -04'00'

**Title:** Parks & Recreation Director

**Date:** 9/10/19



Lee County Event Permit Application



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

Check the appropriate box(es) below:

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☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Insurance Requirements: 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 applicants use of aforementioned event within Lee County.

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, FL 33902 as the certificate holder and as an additional insured.

Subject to proof of insurance.

Print Name: Mike Figueroa

Signature:

Title:

Risk Program Manager

Date:

September 10, 2019



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/10/2019

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).

PRODUCER	CONTACT NAME: Katie G Giese	FAX (A/C, No): 855-264-2329
Church Mutual Insurance Company	PHONE (A/C, No, Ext): 1-800-554-2642 Option 1	
3000 Schuster Lane	E-MAIL ADDRESS: customerservice@churchmutual.com	
P.O. Box 357	INSURER(S) AFFORDING COVERAGE	NAIC #
Merrill WI 54452	INSURER A: Church Mutual Insurance Company	18767
INSURED WESTMINSTER PRESBYTERIAN CHURCH OF FORT MYERS INC	INSURER B:	
SUMMIT CHRISTIAN SCHOOL	INSURER C:	
9065 LIGON CT	INSURER D:	
FORT MYERS FL 33908-3602	INSURER E:	
	INSURER F:	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		0080127-02-053979	12/15/2017	12/15/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Liability Insurance for Church Service on December 24, 2019 at Bowditch Point Park. Commercial General Liability Additional Insured: Lee County Board of Commissioners, subject to the coverage provided by the reference policy. SAAP522 A220.

OK 09/10/2019

## CERTIFICATE HOLDER

## CANCELLATION

Lee County Board of County Commissioners 50 Estero Blvd  Fort Myers Beach FL 33931-2055	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 
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<b>PRODUCER</b> Church Mutual Insurance Company 3000 Schuster Lane P.O. Box 357 Merrill WI 54452		<b>CONTACT NAME:</b> Katie G Giese <b>PHONE (A/C, No, Ext):</b> 1-800-554-2642 Option 1 <b>E-MAIL ADDRESS:</b> customerservice@churchmutual.com <b>FAX (A/C, No):</b> 855-264-2329	
<b>INSURED</b> WESTMINSTER PRESBYTERIAN CHURCH OF FORT MYERS INC SUMMIT CHRISTIAN SCHOOL 9065 LIGON CT FORT MYERS FL 33908-3602		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Church Mutual Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 18767	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000						
	MED EXP (Any one person) \$ 10,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b> <input type="checkbox"/>						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
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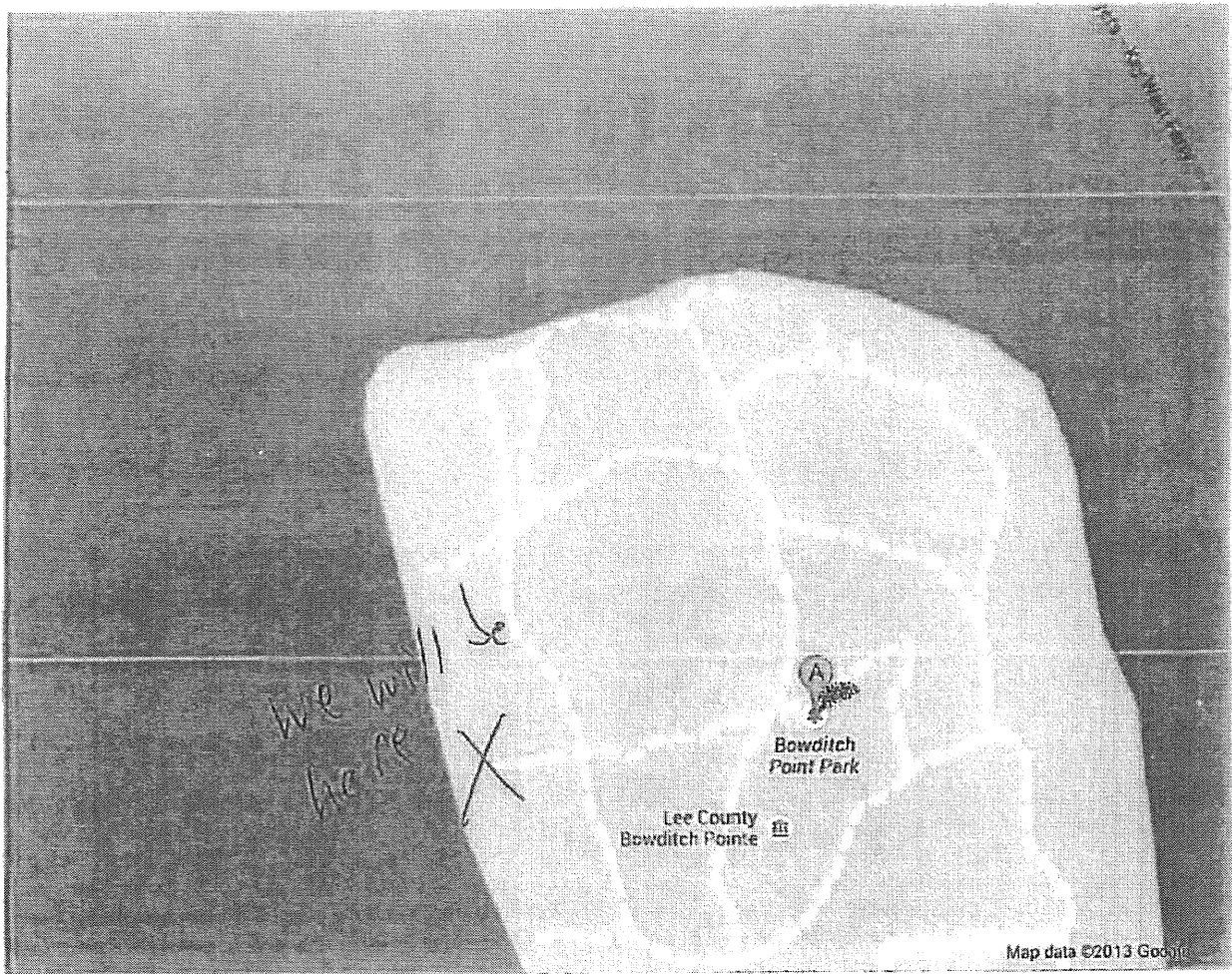
Lee County Board of County Commissioners 50 Estero Blvd  Fort Myers Beach FL 33931-2055	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Katie Giese</i>

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Google

To see all the details that are visible on the screen, use the "Print" link next to the map.





## REQUEST FOR FEE WAIVER

### LEE COUNTY PARKS AND RECREATION

3410 Palm Beach Boulevard

Fort Myers, FL 33916

Phone (239) 533-7275

Fax (239) 485-2303

This form must be completed and returned with a copy of the Agency's 501-C Non-Profit Status Certificate 10 days in advance of the date requested.

Date Form Completed: September 5, 2019

Name of Agency or Organization: Westminster Presbyterian Church

Contact Person: Jim Lee Phone #: 812-449-0153

Address: 9065 Ligon Court, Ft. Myers, FL 33908

Requested Facility & Location within that Facility: Bowditch Point Park

Date of Activity: December 24, 2019 Time of Activity: 4:00 - 6:00 p.m.

Type of Activity: Christmas Eve Service Expected Number of Participants: 350

Fees you are Requesting to have Waived: \$250.00

Reason applying for Fee Waiver (list benefits to Lee County if fee is waived): This is a non-profit event open to the public. Many of the participants walk from the local hotels.

### For Office Use Only

Manager/Supervisor: Approved ☒ Denied ☐ 501-C Attached: Yes ☐ No ☐

Justification: This is a free community event

Signature: Kathy Loomis Date: 9-5-19

Director of Parks and Recreation: Approved ☒ Denied ☐

Justification: Community Event

Signature: Jose Lamm Date: 9/10/19



## Lee County Parks and Recreation

Invoice Number: 20193410 Palm Beach Blvd.  
Fort Myers, FL. 33916  
Phone: 239-533-7275

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.

A non-refundable \$10 cancellation fee will be applied to facility rental transfers or cancellations received at least 72 hours prior to the facility rental date. Any cancellation made less than 72 hours prior to the facility rental date will not be entitled to any refund. Exceptions to this policy will be made at the discretion of the Parks and Recreation administration staff based on circumstances surrounding the cancellation.

Date issued: 9/5/2019

Name: Westminster Presbyterian Church	Type of Activity: Christmas Eve Service	
Address: 9065 Ligon Court	Organization/Team: Jim Lee	
City/State/Zip: Ft. Myers, FL 33908	Phone Number: 812-449-0153	
Times		
Date: Wednesday, December 24, 2019	From: 4:00 p.m.	To: 6:00 p.m.
Date:	From:	To:
Name of Facility: Bowditch Point Park		
Bldg. / Field #: Lower Patio		
Other Comments:		
Hours:	Rate:	Total Fee: \$250.00

Approved by: Kathy Loomis Title: Manager Date: 09/5/2019

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 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 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.

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.

[Signature]  
PARTICIPANT'S SIGNATURE

Jim Lee  
PRINT NAME OF PARTICIPANT

9/5/19  
DATE

**ALCOHOLIC BEVERAGES ARE NOT ALLOWED IN PARKS OR FACILITIES**