**SPECIAL EVENT PERMIT APPLICATION**

**DATE(S) OF EVENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ START/END TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LOCATION OF EVENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF EVENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Will admission be charged? [ ] No [ ] Yes Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will tickets be sold? [ ] No [ ] Yes; In Advance or Day of Event*?*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Projected Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSON OR ORGANIZATION REQUESTING PERMIT**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ON-SITE RESPONSIBLE PARTY**: [ ] Same as above, or:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TAX EXEMPT/NON-PROFIT ENTITY**:

[ ] No; City of Angels Camp Business License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Yes; Tax Exemption Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVENT DESCRIPTION**: (check all that apply)

[ ] Animal shows [ ] Bicycle races [ ] Block party [ ] Carnivals [ ] Car shows

[ ] Concerts or theater performances [ ] Demonstration/marches [ ] Farmers Market

[ ] Fireworks display [ ] Foot race/walk [ ] Fundraisers [ ] Parade/processions

[ ] Pumpkin patches [ ] Parking lot sales [ ] Street fairs [ ] Swap meets [ ] Tent sales

[ ] Wine, beer or food tasting

**\*\*\*PLEASE ATTACH PROPOSED SITE PLAN and DIAGRAM OF EVENT SET-UP INCLUDING STREET CLOSURES AND TRAFFIC CONTROL PLAN. PROVIDE A SEPARATE SITE PLAN FOR EACH LOCATION\*\*\***

***Will the event require:*** (check all that apply; final determination will be made by the City)

[ ] Street Closure [ ] Traffic Detours [ ] Parking [ ] Police Enforcement

[ ] Fire Enforcement [ ] Encroachment Permit [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the event, or any portion thereof, proposed to be held on private property? [ ] Yes [ ] No

Is the event, or any portion thereof, proposed to be held on City property? [ ] Yes [ ] No

**PARKING AND TRANSPORTATION PLAN**

Depending on the location of your proposed event and its size, a parking and transportation plan may be required to mitigate potential impacts to the City’s traffic circulation plan. Please note that you must always include disabled accessible parking and/or access in your event plans. Does the proposed location have adequate on-site parking to meet the needs of your event? [ ] No [ ] Yes

*If No, what are your alternative parking plans? (please attach a detailed plan)*

Do you anticipate any traffic circulation problems as a result of your event? [ ] Yes [ ] No

*If Yes, please attach a description of the efforts you are proposing to undertake to minimize impacts to the traffic circulation system surrounding the event venue. Please note that significant impacts to traffic circulation resulting from your event could result in the City of Angels billing you for mitigating the impacts to the affected area. Please attach additional sheets as necessary.*

Does your site plan indicate the need for NO PARKING signs, road closure(s), barricades, and/or traffic cones? [ ] No [ ] Yes If yes, how many are required for your event?

NO PARKING SIGNS #\_\_\_\_\_\_\_ @ .65/ea. = $\_\_\_\_\_\_\_ *Due with application*.

(DO NOT use staples or nails, BLUE TAPE Or ZIP-TIES ONLY – Post 72 hours in advance)

Returned Date By

Road Closure Signs #\_\_\_\_\_\_\_ #\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_

Barricades #\_\_\_\_\_\_\_ #\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_

Traffic Cones #\_\_\_\_\_\_\_ #\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_

***It is your responsibility to pick up and return City equipment. If not returned at the completion of your event the cost of the items not returned will be deducted from your deposit.***

**FOOD SERVICE/ALCOHOL**

Will food be served: [ ] Yes [ ] No if Yes, what type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Caterer [ ] Pot Luck [ ] Meal [ ] Booths (Please provide the number of vendors) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many of these vendors/booths will be using open flame devices:

solid fuel (wood) \_\_\_\_\_\_\_\_\_\_ or combustible /liquid fuel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you planning to serve/sell alcoholic beverages at this event? [ ] Yes [ ] No

Have you obtained a permit to sell and serve alcohol from the State Department of Alcohol and Beverage Control (ABC)? [ ] No [ ] Yes If yes, please check all that apply:

[ ] Free/Host Alcohol [ ] Alcohol Sales [ ] Host and Sale Alcohol

[ ] Beer [ ] Beer and Wine [ ] Beer, Wine and Distilled Spirits

Have all servers completed the Alcohol Service Training? [ ] No [ ] Yes

(Responsible Beverage Services Training Authorized by ABC)

**AMPLIFIED SOUND** (At all times maintain compliance with Municipal Code Section 10.50 & 6.12)

Will the proposed Special Event use amplified sound? [ ] No [ ] Yes Start/End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] D.J. [ ] Live Entertainment [ ] P.A. System [ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the name(s) of the company(ies) including City of Angels Camp business license number that is providing sound equipment and/or describe the sound equipment that the organization will use for this event. Identify all vehicles that will use sound amplifying equipment under this Permit (Vehicle description and license plate number).

**Entertainment and Related Activities**

Does the proposed Special Event include live entertainment (bands, choirs, dance)? [ ]Yes [ ]No

*if Yes, please complete this section, if No, please skip this section*

Number of Stages \_\_\_\_\_\_\_\_\_ Number of Performers\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Name(s)****Performers/Bands/DJ** | **Type of Entertainment/****Proposed Stage** |
|  |  |
|  |  |
|  |  |

*Please attach additional pages if necessary*

Does the proposed Special Event include inflatables, sky jumps or similar devices? [ ] Yes [ ] No

*If Yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Does the proposed Special Event include the use of signs, banners, decorations or special lighting? [ ] Yes [ ] No

*If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Are fireworks, rockets, lasers or other pyrotechnic planned for this Special Event? [ ] Yes [ ] No

*If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Have you notified the neighboring properties of your intent to host the proposed Special Event [ ] Yes [ ] No

*Please attach a copy of the notice you intent to distribute*

**Sanitation and Recycling Plan**

Please describe your sanitation and recycling plan. Attach additional pages if necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Restrooms/Sanitation Facilities**

Total number of portable restrooms and sanitation facilities \_\_\_\_\_\_\_\_\_\_\_

Total number of ADA accessible facilities included \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event Security Plan**

Please describe your Security Plan including access to venue, crowd control and internal communications. Attach as many pages as necessary.

Have you or are you planning to contract with a licensed professional security company to assist in the development and implementation of your Event’s Security Plan? [ ] Yes [ ] No

*If yes please complete below, if no, please skip*

Name of Security Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Private Patrol Operator License No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Guards requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please attach a copy of the signed contact with the Private Security Company along with the Private Patrol Operator’s License Number and City of Angels Camp business license.*

**Accessibility Plan/Medical Plan**

As an event organizer you are required to comply with all City, County, State and Federal Disability Access requirements applicable to your event. Please describe your event’s accessibility plan and designate such plan on your Site Plan (as applicable). Attach additional pages if necessary.

Individuals and organizations planning special events are required to make appropriate arrangements for medical services. Please describe your medical plan, including the number, certificate levels and types of resources that will be at your event and the manner in which they will be managed and deployed. Attach additional pages if necessary.

Medical Service Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will this special event be marketed, promoted or advertised to the general public [ ] Yes [ ] No

Please describe your marketing plan and efforts to control or limit the placement and/or distribution of promotional signage, stickers and other items. Attach additional pages if necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vendor Information**

For each vendor, please include the following information, attach additional pages if necessary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Service** | **Address** | **Phone** | **Business License/Heath Permit #** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Property Owner’s Consent** |

|  |
| --- |
| **No permit shall be issued unless the owner of the property upon which the proposed Special Event will be held, or that person’s representative or agent has first given their express written consent by signing below.****Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****No permit shall be issued until this Application is approved and signed by an authorized representative of the City of Angels Camp. A meeting may be required prior to approval. Please complete this Application in full and return it no later than sixty (60) days prior to the proposed event. This event shall be conducted in strict accordance with all applicable local, state and federal laws and regulations including but not limited to , the noise restrictions imposed under the Angels Camp City Code upon amplified sound.****A site plan must be attached to this Application. No alcohol may be served/sold at this event without approval from the Angels Camp City Police Department and all requirements have been met.****This Application must be submitted with payment of a *non-refundable* application fee and deposit. Checks should be made payable to the City of Angels Camp.**  |
| **Certification of Applicant****I declare that I am 18 years of age or older and the information contained in the foregoing application is true and correct to the best of my knowledge. I have read, understand and agree to abide by the rules and regulations governing Special Events under the Angels Camp City Code and I understand this application is made subject to the rules and regulations established by the City Council and City Administrator or their designee. I also understand that if an emergency Police or Fire response is generated to this Event, I may be charged for the Police or Fire services required.****I further declare that I am authorized to enter into this Application for and on behalf of myself and the organization described above.****Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Special Event**

**Hold Harmless Agreement and Release of Liability**

|  |  |
| --- | --- |
|  |  |
| **Name of Special Event** | **Date(s) of Special Event**  |
|  |  |
| **Name of sponsoring individual or organization** |  |
|  |  |
| **Mailing Address**  | **City, State, Zip** |
|  |  |
| **Email address** | **Telephone number** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to indemnify, defend and hold harmless the City of Angels Camp , its elected officials, officers, managers, employees, agents, volunteers, and representatives from and against any and all losses, liability, claims, actions causes of action, demands, lawsuits, judgement expenses and cost(s) arising out of any or in any way connected or related to the above-referenced Special Event, regardless of where the injury, death, damage or other cause of liability may occur, unless such injury, death, damage or other cause of liability is caused by the sole negligence or willful misconduct of the City.**

**The Sponsoring individual(s) or Organization agree to provide satisfactory evidence of, and shall thereafter maintain during the Special Event, such insurance policies and coverages to the types, limits, forms, and rating required by the City Attorney or their designee. The City of Angels Camp and its elected officials, officers, employees, agents, volunteers and representatives shall be named as additional insured by endorsement in the Special Event’s insurance policies ($1,000,000.00 liability, naming the City of Angels Camp as an additional insured).**

**I intend my signature below to be a complete and unconditional release of all liability, and for such release to be as broad and inclusive as permitted by the laws of the State of California.**

**AUTHORIZED REPRESENTATIVE**

**(to be completed by individuals representing an organization or group)**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, represent and warrant that I have the authority, right and power to enter into this Hold Harmless Agreement and that I have obtained any and all consents, powers and authorities necessary to permit me to enter into this Hold Harmless Agreement on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and to bind this individual/organization. This authorization shall remain in full force and effect throughout the duration of the Special Event.**

**Permittee:**

**Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**