



**PARKS AND RECREATION DEPARTMENT**  
**301 Grove Street, Lynchburg, VA 24501**  
**Phone: (434) 455-5858 Fax: (434) 528-2794**  
**Web site: [www.lynchburgva.gov/parksandrec](http://www.lynchburgva.gov/parksandrec)**

PERMIT NO. _____
Date Received _____

**FACILITY AND PARK USE PERMIT - SIMPLE USE**

FACILITY OR SHELTER DESIRED: \_\_\_\_\_ DATE REQUESTED: \_\_\_\_\_

HOURS OF FACILITY RENTAL: FROM \_\_\_\_\_ TO \_\_\_\_\_ (Shelter rentals are from 9 a.m. to 9 p.m. – one rental per shelter per day)

PROPOSED USE: \_\_\_\_\_

WILL YOU USE THE POOL TABLE? (FOR COMMUNITY CENTER USE ONLY)  YES  NO ESTIMATED ATTENDANCE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_ DAY PHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

ARE YOU A CITY OF LYNCHBURG RESIDENT?  YES  NO E-MAIL ADDRESS: \_\_\_\_\_

IS ANOTHER INDIVIDUAL, ORGANIZATION OR BUSINESS SPONSORING THIS ACTIVITY?  YES (fill out information below)  NO

NAME OF SPONSORING ORGANIZATION OR GROUP: \_\_\_\_\_ DAY PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**PLEASE READ:**

- The person or persons to whom the permit is issued shall be responsible for any and all damage to Park and City property and shall assume the defense of and indemnify and save harmless the City, its employees, and officers from and against any and all claims, liabilities, judgments, costs, causes of action, damages and expenses whether in law or equity or otherwise, and shall pay all attorney's fees, court costs and other costs incurred in defending such claims, which may accrue against, be charged to, be recovered from or sought to be recovered from the City, its employees and officers for reason of damage to property, personal injury or death of any person rising from the applicant's use of the City Park or other City facilities. The Director, with the concurrence of the City Attorney, may require such public liability insurance as he/she deems to be necessary to protect the interest of the City.
- All requests for refunds or changes to approved permit must be received 10 days in advance of reservation date. A \$10.00 handling fee will be assessed for processing changes or refunds.

**I have read and understand the above statements. My signature below indicates I agree to the terms listed.**

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

The Lynchburg Parks and Recreation Department complies with the Americans with Disabilities Act for qualified individuals. If reasonable accommodation is needed, please tell us upon registering and at least ten days prior to the event.

===== For Office Use Only =====

Permit Granted  Permit Denied By \_\_\_\_\_ Date Processed \_\_\_\_\_

Comments/Condition: \_\_\_\_\_

Amount Received \_\_\_\_\_  Cash  Check  Credit Receipt No. \_\_\_\_\_  
Copies to:  Facilities Supervisor (2)  Buildings & Grounds  Park Services Manager