The **Washington City Baseball/Softball Practice rates** are as follows:

- Field without lights (resident).......................... $5 per field per hour
- Field without lights (non-resident).......................... $10 per field per hour
- Field with lights (resident).......................... $20 per field per hour
- Field with lights (non-resident).......................... $30 per field per hour

The **Washington City Baseball/Softball Tournament rates** are as follows:

- During non-peak season, a standard rate of $250 per field per day for field preparation, maintenance, lighting, and related costs (resident/non-resident)

- During peak seasons (February 1 - April 30, and September 1 - November 30) and holidays, a standard rate of $350 per field per day for field preparation, maintenance, lighting, and related costs (resident/non-resident)

The **Sullivan Park Virgin River Soccer Complex Practice rates** are as follows:

- Field without lights (resident).......................... $10 per field per hour
- Field without lights (non-resident).......................... $20 per field per hour
- Field with lights (resident).......................... $40 per field per hour
- Field with lights (non-resident).......................... $60 per field per hour

The **Washington City Baseball/Softball Tournament rates** are as follows:

- During non-peak season, a standard rate of $500 per field per day for field preparation, maintenance, lighting, and related costs (resident/non-resident)

- During peak seasons (February 1 - April 30, and September 1 - November 30) and holidays, a standard rate of $1,000 per field per day for field preparation, maintenance, lighting, and related costs (resident/non-resident)
Field Use Permit Application

-EXHIBIT B-

(Please Print Below)

Field(s) Requested: _______________________________________________________

Location: ___________________________________________________________________

Date(s) Needed: ____________________________ to _____________________________

Times Needed: _____________________________ to _____________________________

Name of Applicant Group: _________________________________________________

Name of Representative: _________________________________________________

Relationship: ___________________________________________________________

Address: __________________________________________________________________

City, State, Zip Code: _____________________________________________________

Phone #: __________________________ Email: _________________________________

Name of Alternative Group Representative: _________________________________

Relationship to Group: ___________________________________________________

Address: __________________________________________________________________

City, State, Zip Code: _____________________________________________________

Phone #: __________________________ Email: _________________________________

Purpose of Event/Activity: _________________________________________________

Number of Participants: ___________________________________________________

Age Range of Participants: ________________________________________________

Number of Supervisors/Chaperones: _______________________________________

Number of Washington City residents: ______________________________________

Fee Charged to Participants: $___________

(Washington City Use Only)

Deposit: (Check or Money Order payable to Washington City): $ ______________

Total Cost: (Check or Money Order payable to Washington City): $ ____________
All Applicants **MUST** provide the following:

(Please read and initial the following terms)

1. _______ Submit proof of two million dollars ($2,000,000) in comprehensive general liability insurance (or waiver) with the Washington City as named insured.
   
   Checklist For Office Use Only
   
   Needed Rec’d Approved (Y/N)

2. _______ Submit a roster listing all participants and coaches, along with their home addresses and telephone numbers.
   
   Checklist For Office Use Only
   
   Needed Rec’d Approved (Y/N)

3. _______ Submit a deposit payment (amount to be determined at the time of approval), and agree to reimburse Washington City if damage and/or clean-up costs exceed the amount paid. Washington City reserves the right to take any measures necessary to collect any sums for the additional clean-up and/or damage to the property which exceeds the amount paid and/or deposited.
   
   Checklist For Office Use Only
   
   Needed Rec’d Approved (Y/N)

______________________________
This permit is issued to the applicant listed above for the purpose of conducting the specified event at the designated Washington City facility. In accepting this permit, the applicant(s) (for itself, its members, and invitees) accepts and assumes the risk of all conditions existing in the area covered by this permit and the approaches thereto and agrees to indemnify, defend and hold harmless Washington City and its agents and employees from all claims, risks, liability, injury, damage, and loss to all persons and property arising out of or resulting from any use of or presence within the areas covered by this permit. Also, the applicant(s) agrees to waive and relinquish all claims and causes of action of every kind. Also, the applicant(s) agrees to indemnify Washington City for the defense of any such claims or action, whether the liability, loss, damage is caused by, or arise out of the negligence of Washington City or any of its agents, employees or otherwise. The applicant(s) further agree to reimburse Washington City for any and all expenses, attorney fees or other costs incurred in the enforcement of this waiver and indemnification

On behalf of this group, we understand all procedures associated with this request and accept the legal and financial responsibilities involved in the use of Washington City facilities.

Signature- Authorized Applicant Representative:__________________________ Date:_______

Signature- Authorized Applicant Alternative Representative:__________________________ Date:_______

AUTHORIZED BY WASHINGTON CITY PARKS AND RECREATION DEPARTMENT

**If this request is approved please sign below**

Signature- Authorized Washington City Representative:__________________________ Date:_______
Washington City Field Use Permit

By signing below, I, the applicant requesting field use from Washington City, acknowledge that I have read, understand, and agree to comply with all Field Usage Rules and Regulations (Section XV) contained in the Washington City Field Allocation Policies & Procedures Manual. If any inconsistency or modification shall be found between this Field Use Permit and the Washington City Field Allocation Policies & Procedures Manual, the manual shall apply.

Agreed to by:

Signature- Authorized Applicant Representative:________________________________________

Date:________

Signature- Authorized Applicant Alternative Representative:____________________________________

Date:________

Signature- Authorized Washington City Representative:____________________________________

Date:________

(Approved Below):

Location:_____________________________________________________

Field(s):_____________________________________________________

Dates:_______________________________________________________

Times:_______________________________________________________