



# TRUCKEE MEADOWS FIRE PROTECTION DISTRICT

## STATION USE PERMIT

Permit No. \_\_\_\_\_

Staff Initial \_\_\_\_\_

DISTRICT FACILITY \_\_\_\_\_

SPECIFIC AREA WITHIN FACILITY \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_ DAY/DATE REQUESTED \_\_\_\_\_

TIME: FROM \_\_\_\_\_ A.M. P.M. TO \_\_\_\_\_ A.M. P.M.

GROUP OR ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

INDIVIDUAL IN CHARGE OF GROUP \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

INTENDED USE \_\_\_\_\_

EXPECTED SIZE OF GROUP \_\_\_\_\_ EXPECTED NUMBER OF VEHICLES \_\_\_\_\_

INSURANCE LIMITS REQUIRED:  \$300,000  \$500,000  \$1,000,000  OTHER \_\_\_\_\_

PLEASE PROVIDE A COPY OF YOUR LIABILITY INSURANCE WITH EITHER THE "TRUCKEE MEADOWS FIRE PROTECTION DISTRICT" OR THE SIERRA FIRE PROTECTION DISTRICT LISTED AS THE ADDITIONAL INSURED.

INSURANCE CERTIFICATE APPROVED?  YES

GROUP WISHES TO BE ADDED TO TRUCKEE MEADOW'S SPECIAL EVENT LIABILITY FOR LESSORS INSURANCE POLICY:  YES  NO

USER FEES: \_\_\_\_\_ INSURANCE PREMIUM \_\_\_\_\_  
(SPECIAL EVENT ONLY)

DEPOSIT \_\_\_\_\_ AMOUNT DUE \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

I, the undersigned, have read this agreement, including the hold harmless and indemnification provisions, and understand all its terms. I hereby execute in voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

Truckee Meadows Fire Protection District does not discriminate on the basis of sex, race, color, age, religion, disability or national origin in the activities and/or services which it provides. If you have any questions, please call US.

1001 E. 9<sup>th</sup> Street, Reno, NV 89512; P.O. Box 11130, Reno, NV 89520; PHONE: 775-326-6000; FAX: 775-326-6003



# TRUCKEE MEADOWS FIRE PROTECTION DISTRICT

## FACILITY USE HOLD HARMLESS AGREEMENT

The undersigned wishes to use certain facilities owned by  the Truckee Meadows Fire Protection District or  the Sierra Fire Protection District, the latter having been consolidated into the former for all operational purposes. These certain facilities are known as \_\_\_\_\_, and the undersigned wishes to use them on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ for the purpose of \_\_\_\_\_.

The provisions of this agreement apply to myself, my entity, group or organization and our invitees or guests. I agree to abide by all applicable rules and regulations relating to the property. Failure to do so may result in revocation of permission to use the facilities and an order to vacate the premises.

I agree to reimburse the Fire Protection District for any damage done to its property by myself or any other person associated with myself or my group. I also agree to save and hold the Fire Protection District and its officers, agents, servants, and employees harmless from any claim by any persona resulting from my use of the facilities including, without limitation, any claims for damages resulting from death or injury to any person or damage of any property arising out of my activities at the facilities except those directly and proximately resulting from the intentional or negligent acts of the Fire Protection District employees acting within the scope of their official duties.

I agree to give the Fire Protection District prompt and timely notice of any claims made or suit instituted which may directly or indirectly affect the Fire Protection District or its officers, agents, servants and employees.

I agree to reimburse the Fire Protection District for any expenses incurred in responding to or defending any claims or suits, including the reasonable value of any services rendered or time spent by District officers or employees in responding to or defending such claims or suits.

I also agree to obtain and maintain a policy of General Liability Insurance (Occurrence form) in the amount of \$ \_\_\_\_\_ or as may be required by the Risk Manager. Said policy shall be endorsed to include the Fire Protection District as an insured with respect to liability arising out of my activities pursuant to this Agreement. Proof of coverage shall be provided in the form of a Certificate of Insurance and shall provide for thirty (30) days notice of cancellation to the Fire Protection District. The Fire Protection District's acceptance of such insurance certificate shall not relieve me of liability nor shall the amount of insurance limit my responsibility.

If I fail to secure such insurance, the Fire Protection District may, at its option, either secure such insurance and I will be responsible to reimburse the Fire Protection District for the expenses incurred, or the Fire Protection District may immediately cancel this Agreement.

I certify that I have the authority to enter into this agreement on behalf of the entity or organization described below and am executing this agreement on its behalf.

DATED this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
NAME OF ORGANIZATION