City of Woodland

Facility Rental and Use Agreement

Horseshoe Covered Area
City of Woodland Resident $45.00/$50.00 Deposit
Non-Resident $110.00/$50.00 Deposit
Recognized Non-Profit $25.00/$50.00 Deposit

Community Center
City of Woodland Resident $70.00/$150.00 Deposit
Non-Resident $110.00/$150.00 Deposit
Recognized Non-Profit $25.00/$150.00 Deposit

Please read the following carefully:

- Enter and vacate at the time stated above
- No alcohol use allowed on City property
- No tobacco use or smoking in or within 25 feet of buildings
- Any emergency situation or bad weather may cause cancellation of the facilities without notification
- No tobacco use or smoking in or within 25 feet of buildings
- Adult supervision is required at all times
- User is responsible for clean-up and damages
- Failure to observe rules and regulations of the City may result in loss of usage privileges and forfeiture of deposit

Notice: Deposits will be non-refundable if the key is not returned, a city employee is called out to unlock, clean up, etc. Report any damages or problems to City Hall Annex 225-8281, as soon as possible. If the problem occurs after hours, please call Woodland Police Dispatch at 225-8981.

Agreement: The undersigned hereby makes application to the City of Woodland for use of city facilities described above and certifies that the information given in this application is correct. The undersigned further states that he/she has the authority to make this application for the applicant and agrees that the applicant will observe all rules and regulations of Woodland Municipal Code and policies of the city in which the facilities are requested. Applicant agrees that City of Woodland and City of Woodland agents, employees, and directors shall not be liable for any damage to person or property by reason of the negligent acts of the Applicant, its agents, employees, invitees, or subcontractors. Applicant agrees to protect indemnify for costs, legal and other expenses, and hold harmless City of Woodland and its officers, employees, directors, and agents from claims, liabilities, or suits arising out of injury to person or property from negligent acts of the Applicant, its agent, employees, invitees, or subcontractors.

Signature: ____________________________ Date: ________________

Facility Usage Date: ____________________ Applicant Name: __________________________
Phone Number: ______________________ Organization: _______________________
Arrival Time: ______________________ Departure Time: __________________________
Event Type: ________________________ Number Attending: _______________________
Mailing Address: ______________________ Email Address: _______________________

Do you need the gate down? (HSL Only) ________

For Office Use Only

Approved: ________ Denied: ________ Requested Taken By: ______________ Date Received: ____________
Receipt Number: ____________________ CA/CK/E Payment: ______________ Amount Paid: ____________
Key Color: ______________________ Key Date Check Out: ______________ Reservation Card #: ____________
Date Returned: ____________________ Refund Check #: ______________ Date: ____________