



FIRST AND LAST NAME:	TODAY'S DATE:
RESIDENTIAL ADDRESS:	CELL PHONE:
CITY STATE ZIP	WORK PHONE:
EMAIL ADDRESS:	HOME PHONE:
ORGANIZATION NAME:	ALTERNATE CONTACT NAME:
MAILING ADDRESS:	ALTERNATE CONTACT PHONE:
CITY STATE ZIP	

TOUR THEME:

- PIONEERS ON THE FARM KIDS ON THE FARM FUZZY FARM FRIENDS
- SPRINGTIME ON THE FARM (May only) FALL ON THE FARM (October only)

DATE REQUESTED: _____
 TIME REQUESTED (tours are approximately 45 min. in length): _____
 ANTICIPATED MAXIMUM ATTENDANCE? Total _____ STAFF _____ CHILDREN _____ OTHER ADULTS _____
 APPROXIMATE GRADE/AGE OF CHILDREN: _____

AGREEMENTS

The undersigned hereby makes application to City of Bellevue for use of the Parks & Community Services facility described above and certifies that the information given in the application materials 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 the rules, regulations, policies and procedures of the City of Bellevue and Parks & Community Services Department. The applicant assumes responsibility for the conduct of their guests and/or contractors associated with or attending the event. The applicant understands that contact with animals is associated with the risk of disease and infection and assumes responsibility for ensuring that all guests wash their hands with soap and water after any animal contact and after entering animal facilities. The applicant agrees to exercise the utmost care in the use of the premises and property and to hold the City of Bellevue harmless from all liability resulting from the use of said facilities. The applicant further agrees to reimburse the City of Bellevue for any damage arising from the applicant's use of said facilities. The applicant signing this agreement will be considered the responsible party in case of damage, theft, or disturbances during the rental period. **The applicant agrees to comply with all applicable COVID-19 safety requirements and guidelines as issued by the Governor's Office, Department of Health, or other state or local authority, and to comply with all applicable COVID-19 safety requirements and guidelines identified by the City or set out in any relevant facility plan. The applicant is responsible for notifying all guests and/or contractors associated with or attending the event of the City's guidelines as well as all applicable COVID-19 safety requirements and guidelines. The applicant understands that failure to follow any terms and conditions may result in termination or suspension of rental.**

I have read, understood, and agree to comply with all procedures in the City of Bellevue's Facility Rental Guidelines. I further certify that I am 21 years of age or older.

SIGNATURE (REQUIRED): Primary Contact: _____ Date: _____

In lieu of my signature, I certify that I have an account with Bellevue Parks & Community Services and that by providing my UserID# I am acknowledging I am the holder of the account and agree to all the terms listed above.