

CITY OF LAKEWAY
PARKS AND RECREATION
105 Cross Creek
Lakeway, TX 78734
512/261-1010
FAX 512/261-5033

Staff Use:	
Date Received:	_____
Permit #	_____
*Fee Paid	_____ Receipt # _____
Deposit Pd.	_____
Name on Account:	_____

APPLICATION FOR USE OF LAKEWAY CITY PARK FACILITIES OR SPECIAL PERMIT
Type of Permit Requested:

Pavilion Lower Level Picnic Tables Alcohol Other

Date of Event: _____ Time: _____ # Participants _____

Function: _____ *The user fee cannot be refunded if the reservation is canceled later than the 14th calendar day before the date reserved. All cancellations are subject to a \$25 administrative fee.

Date of Application: _____
Applicants Name: _____ Day Phone #: _____
Address: _____

Name, Address and Phone Number of the Person, Corporation, or Association sponsoring the activity if different from above: _____

RELEASE
General Liability, Bodily Injury and Property Waiver

KNOW ALL MEN BY THESE PRESENTS, that I, _____ in consideration of being allowed to use certain property at a City of Lakeway Park on _____, as described above, do by these present for myself, my heirs, executors, administrators, and assigns, do hereby release, indemnify and hold harmless the City of Lakeway, Texas, its agents, officers and employees from any and all liability, action, claim, and damage arising from or resulting from property damage, personal injuries or death sustained by me or my guests at a City of Lakeway Park, or my property or my guests' property. I further agree to release, indemnify and hold harmless the City of Lakeway, its officers, and employees from any and all claims of liability actions, judgments, damages and attorney's fees arising from any intentional act or act of negligence committed by me or my guests.

Product Liability Waiver: I, _____, will provide a _____ (example: anything to be delivered or set up) at City Park for the event I am hosting on _____. I assume all product liability in the high traffic area of the City Park. I will disassemble and remove this equipment from the City Park at the conclusion of this event. Estimated time for the event is _____

Signed this the _____ day of _____, 20____.

Signature _____

PERMIT APPROVAL

Issued to: _____
Date: _____ Time: _____ to _____
Special Conditions: _____

Authorized Signature _____ Date _____