



OLIVEHURST PUBLIC UTILITY DISTRICT

Business Office
1970 9TH Avenue/P.O. Box 670
Olivehurst, CA 95961
Phone (530) 743-4657 Fax (530) 743-3023 www.opud.org

Application must be submitted to Business Office a minimum of 3 business days prior to date of use.

Park Table Reservation Form

Permit # _____

(YOU MUST HAVE YOUR COPY OF RESERVATION PACKET IN POSSESSION DURING USE)

No reservation is finalized until the fees are paid. Once paid, the reservation fee is NON-REFUNDABLE.

I, _____, representing _____
(Name of Individual/Representative) (Organization, if applicable)

hereby request to reserve _____ tables. Date: _____ Time: _____

(See Park Table Reservation Policy for the number of tables and hours available for reservations)

at the following facility: _____ Park (Eufay Wood Sr. Memorial Park, Veterans Park, Lindhurst Memorial Park, or Richard "Doug" Donahue Park)

Type of event _____
(Company picnic, family picnic, fund raiser, birthday party, etc.)

Will there be an admission charge, sale, solicitation, donation, or collection involved with your use? _____

Will other equipment be used (i.e., sound equipment, stage, speaker(s), jump house, dunk tank, etc.)? _____

(A Park Use Permit will also be required if you answered yes to the above)

The "responsible party" listed on the "Park Table Reservation" form will assure that he/she and any guests abide by all park rules as posted. INITIAL HERE _____.

The "responsible party" will be responsible for any clean-up of debris on or around reserved tables. This includes removal of table clothes, balloons, signs, etc. INITIAL HERE _____.

COVID Precautions: Gathering of 50 people or less. Social Distancing of six (6) feet or more from other persons excluding immediate family. Facial covering must be worn when social distancing is not possible. The ability to sanitize hands for all participants. Sanitizer to be supplied by permittee. Recommend temperature screening for all participants. INITIAL HERE _____

IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT APPLICANT/ORGANIZATION SHALL SAVE, KEEP AND HOLD HARMLESS OLIVEHURST PUBLIC UTILITY DISTRICT, ITS OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS FROM ALL DAMAGES, COSTS OR EXPENSES IN LAW OR EQUITY THAT MAY AT ANY TIME ARISE OR BE SET UP BECAUSE OF DAMAGES TO PROPERTY OR PERSONAL INJURY RECEIVED BY REASON OF OR IN THE COURSE OF USING OR OCCUPYING THE FACILITY. INITIAL HERE _____.

I AND/OR MY ORGANIZATION FURTHER EXPRESSLY CERTIFY THAT I AND/OR MY ORGANIZATION WILL BE RESPONSIBLE FOR ANY DAMAGE OR LOSS SUSTAINED TO THE GROUNDS, BUILDING, OR EQUIPMENT OCCURRING, OR UNUSUAL CLEAN-UP REQUIRED, AS A RESULT OF MY AND/OR MY ORGANIZATION'S USE OF THE FACILITY. **NO PERSONAL VEHICLES ALLOWED ARE ON PARK GRASS AREAS** AS GRASS AND SPRINKLER HEADS CAN BE DAMAGED. INITIAL HERE _____.

Print Name _____ California D.L. # _____

Title/Position (if applicable) _____ Hm # _____

Wk # _____ Cell # _____ Fax # _____

Address _____ City/Zip _____

I have read the attached Yuba County Ordinance Code Title VIII, Chapter 8.76 relating to County Parks and Recreation Areas. INITIAL HERE _____.

Signature of Individual/Representative _____

FOR OFFICIAL USE ONLY: Reservation Fee \$ _____ Cash Check # _____

Issued Packet with Reservation Form, Reservation Policy, Yuba County Ordinance, Map, and Table Signs _____

Table Numbers Reserved _____ Date and Time of Reservation _____

Processed by: _____ Date: _____