

City of Moultrie
Application for Event Permit
Covered Breezeway

Complete the following application and return to amy.johnson@moultriega.com (if sending electronically), no less than 15 days and not more than 180 days prior to the event. **All events with more than 200 in attendance and/or over 4 hours in length require proof of insurance City of Moultrie as additional insured.** For more information, call 229-890-5455.

Application Date: _____

Person/Organization Making Application:

Name: _____ Primary Phone: _____

Occupation: _____ Secondary Phone: _____

Business Address: _____

Fax#: _____ E-Mail: _____

Residence Address: _____

Event Organizer (Must be an individual that is responsible for the event)

Name: _____ Primary Phone: _____

Occupation: _____ Secondary Phone: _____

Business Address: _____

Fax #: _____ E-Mail: _____

Residence Address: _____

Is proposed event to be held by, or on behalf, or for any person other than applicant?

Yes ___ No ___

Name of Organization: _____

Non-Profit? Yes ___ No ___

Name of Event: _____

Type of Event:

Private: _____ or Public _____

Event Times:

Set-Up Time: _____ A.M. or P.M. Date: _____

Tear-down Time: _____ A.M. or P.M. Date: _____

Actual Start Time of the Event: _____ A.M. or P.M.

Actual End Time of the Event: _____ A.M. or P.M.

Estimated Number of Attendees: _____

Public Event Contact information (phone or email address for our website for people to call for more information):

Event:

Describe the event and Stat the Purpose or Objective of the Proposed Event (Attach additional sheet as needed):

Describe Event Equipment (tents, tables, chairs, etc.) The City does not provide equipment, trash pickup, security or any personnel.

Electricity Required Yes _____ NO _____ If yes, type of outlets required?

Do you plan to use amplified sound? Yes _____ No _____

Please detail sound system Requirements:

I have carefully read and will abide by the foregoing Application and Policies and swear that statements I made therein are true and correct to the best of my knowledge and belief.

(Signature is required before approval will be granted.)

Signature of Person Making Application

Date

Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact and high contact surfaces. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups and people.

The City of Moultrie (City) has put in place preventative measures to mitigate the spread of COVID-19; however, the City cannot guarantee that anyone you are legally responsible for or yourself will not become infected with COVID-19 by participating in a City sponsored activity or utilization of a City facility.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that those I am legally responsible for and myself may be exposed to or infected by COVID-19 by utilization of City facilities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 from utilization of City facilities may result from the actions, omissions, or negligence of myself and others, including but not limited to City employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to those I am legally responsible for and myself, including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense or any kind, that I or the party I am responsible for may experience in connection with mine or his/her participation in City activities or utilization of City facilities. On my behalf and on behalf of those I am legally responsible for, I hereby release, covenant not to sue, discharge, and hold harmless and indemnify the City, its employees, agents, and representatives, of and from any and all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the City, its employees, agents and representatives, whether a COVID-19 infection occurs before, during, or after participation from utilization of a City facility.

I further agree to take all steps necessary to comply with the Executive and Emergency Orders issued by the Federal Government, the State of Georgia, and the City of Moultrie.

Print Name of Applicant

Signature of Applicant

Date

ALL SIGNATURES REQUIRED FOR APPROVAL

Date Rec'd. _____

City Manager

- Approved
- Denied
- Approved with conditions

Approval/Denial Conditions:

List of Websites to Access For COVID-19 Information

❖ <https://www.usa.gov/coronavirus>

❖ <https://www.cdc.gov/>

❖ <https://georgia.gov/>

❖ [https://gov.georgia.gov/executive-action/
executive-orders/2020-executive-order](https://gov.georgia.gov/executive-action/executive-orders/2020-executive-order)