



**DELTONA AMPHITHEATER FACILITY USE CONTRACT**  
**(PLEASE PRINT)**

Applicant's Name: \_\_\_\_\_ (Must be 18 years of age or older)

Address: \_\_\_\_\_

Phone Number: (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

Name of Group (If Applicable) \_\_\_\_\_

Event Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

ACTIVITY: *Describe the event in detail, including any equipment, etc. to be brought to the site*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) Requested: \_\_\_\_\_ Site/Facility Requested: \_\_\_\_\_ Area/Room \_\_\_\_\_

Total Rental Time: From: \_\_\_\_\_ to: \_\_\_\_\_

Will you serve food? \_\_\_\_\_ Do you wish to serve alcohol? \_\_\_\_\_

Do you intend to sell food, goods or services including donations or admission at the event? If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Set-up/Special Request: \_\_\_\_\_

\_\_\_\_\_

**HOLD HARMLESS/INSURANCE AGREEMENT**

The user will indemnify and hold harmless the County of Volusia and the City of Deltona from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or resulting from the occupancy of the Parks by the User its agents, servants invitees, and guests under this license.

The User will take all reasonable precautions for the safety of, and will provide reasonable protection to prevent damage, injury or loss to all persons and property in the Park.

The User will comply with all laws, ordinance, regulations, or other regarding the safety of persons or property, or their protection from damage, injury or loss.

In an emergency affecting the safety of persons or property, the User will act with reasonable care and discretion to prevent threatened damage, injury or loss.

The applicant shall supply, when required, a Certificate of Insurance reflecting minimum coverage of \$500,000 Comprehensive General Liability Insurance, without deductibles, per occurrence. The County of Volusia and the City of Deltona shall be named as an additional insured which shall be noted on the Certificate of Insurance reflecting minimum of \$500,000 Comprehensive, General Liability Insurance without deductibles, per occurrence. The Count of Volusia and the City of Deltona shall be named as an additional insured which shall be noted on the Certificate of Insurance. The Certificate shall indicate that the applicant's insurance policy shall not be cancelable without thirty days of prior notice to Volusia County and the City of Deltona.

The undersigned agrees to abide by the regulations governing the said facility and is responsible for charges incurred and must supply the Certificate of Insurance to Volusia County and the City of Deltona no later than thirty (30) calendar days prior to the Program-Event date.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY STAFF:**

**FEES**

Rental Fee (Explain if Applicable): \$ \_\_\_\_\_ Security Deposit (If applicable): \$ \_\_\_\_\_

Total Fee Paid \$ \_\_\_\_\_ Insurance Certificate Received: \_\_\_\_ YES \_\_\_\_ NO

This form accompanied by total fees and appropriate insurance, waivers and permits, must be signed by the applicant and approved by Leisure Services before a reservation can be guaranteed. Applications and fees must be received 30 calendar days prior to required use unless specific arrangements have been made. Payment may be in the form of cash, money order, or check. Make payments to: City of Deltona.

**DEPARTMENT USE ONLY**

Safety/Security Plan Approved:	_____ YES	_____ NO		
Site Plan Approved:	_____ YES	_____ NO		
Trash/Sanitation Plan Approved:	_____ YES	_____ NO		
Traffic Plan Approved:	_____ YES	_____ NO		
Certificate of Insurance Required:	_____ YES	_____ NO	Received:	_____
Alcohol Request Required:	_____ YES	_____ NO	Approved:	_____
Host Liquor Liability Policy Required	_____ YES	_____ NO	Received:	_____
State Liquor Permit Required:	_____ YES	_____ NO	Received:	_____
Health Dept. Licensing Required:	_____ YES	_____ NO	Received:	_____

Department Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Contact: \_\_\_\_\_ Date: \_\_\_\_\_

**SPECIAL REQUIREMENTS:** (To be filled out by staff):

\_\_\_\_\_  
\_\_\_\_\_