CITY OF MARION SPECIAL EVENTS APPLICATION

(All blanks must be completed)

| Identification Number | Date Application |
|---|------------------|
| Returned | |
| Name/ Title of Event | |
| Purpose of Event | |
| | |
| Event Sponsor | |
| Sponsor radrobs | |
| Contact 1 Cison | |
| Address | |
| Address Phone #() | |
| Proposed Route or Location of Event | |
| Requested Date(s) | |
| | |
| Hours of operation(starting & stopping times) F1 | rom To |
| Does Sponsor have Liability Insurance? | romTo yesNo |
| If yes, company name | |
| App | roval Chain |
| Police Chief | |
| Approved, No Changes Approved, Subject to Changes Disapproved | Date Approved |
| Comments: | |
| | |
| | |
| City Administrator: | |
| Approved, No Changes Approved, Subject to Changes Disapproved | Date Approved |

| Comments: |
|---|
| , |
| Liability Waiver Agreement |
| As the adult sponsor/ contact person for the above named event, I will be responsible for all participants to comply with rules and safety regulations as listed on page two (2) of this application. Furthermore agree to hold harmless the City of Marion and the Marion Police Department, for all claims, damages, losses and expenses including, but not limited to attorney's fees, arising out of or resulting from participants exposure to any physical injury or civil liability as a result of their participation in the above listed event |
| Sponsor / Contact Person (must be adult) |
| DateRepresentative for Marion Police Department |