

Permit Deposit Form

Picnic and Special/Athletic (Sporting) Events

Security Deposit Refund

Mailing address and contact for refunds of deposits paid via cash or check. Failure to provide information will result in delay of refund processing.

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|--------------------------------|-----------------|-----------|
| Name of Payee or Organization: | Attention: | |
| Street Address: | Apt/Unit/Suite: | |
| City: | State: | Zip Code: |

Waiver and Signature

By signing this Picnic and Special Event Permit Application, I acknowledge that I have read and agree to abide by all Forest Preserves of Cook County (FPCC) permit rules, regulations and ordinances, including the cancellation policy. I also agree that I am solely responsible for the actions and conduct of my guests, invitees, participants, spectators, contractors and for assuring compliance with all permit rules, regulations and ordinances pertaining to my permit. I understand and agree that my security deposit shall be forfeited for any violation of this agreement.

I hereby assume all responsibility for and agree to defend, indemnify, save and hold harmless, the FPCC, its officers, employees, volunteers, contractors and agents against any losses, claims, damages, liabilities, actions, suits, proceedings, costs or expenses that they may suffer, incur or sustain or for which it or they may become liable as a result of, arising out of or relating to any negligence or intentional misconduct by myself as applicant, and any guests, invitees, participants, spectators, including any officers, employees, contractors, agents or persons under a sponsoring organization's control in connection with this Permit. My obligation to indemnify the FPCC shall survive the expiration of any permit issued.

I do solemnly swear that all answers given and statements made on this Application are full and true to the best of my knowledge. I am 21 years of age or older and I have read the terms and conditions set forth in this document and agree to abide by them.

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|-------------------------|-------|
| Signature of Applicant: | Date: |
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