

APPLICATION FOR USE OF SEWARD COUNTY COURTHOUSE GROUNDS

Date(s) of use: _____

Time of use (start and end times): _____

Group Requesting Use: _____

Name of Person Responsible: _____

Address: _____

Telephone Number: _____ Fax Number: _____

E-mail address: _____

Name of Event: _____

Type of Event: _____

Specific areas of Courthouse grounds you request to use: _____

Is the event open to the general public? _____ yes _____ no

Were you supplied with a copy of Courthouse lawn policy _____ yes _____ no

Number of participants expected: _____

What equipment will be used on the grounds? _____

When will equipment be set up? _____

Is food served for a fee? _____ yes _____ no

If yes, has the appropriate Health Department permit been obtained? _____ yes _____ no

Has this group used Courthouse grounds for other events? _____ yes _____ no

A liability insurance policy naming the County as an "additional insured" is encouraged in the amount of at least \$1 million at the time of event. Does this group have liability insurance to cover this event? _____ yes _____ no

I have read the *Rules For Use of Courthouse Grounds*. I understand that Courthouse grounds will be left clean and neat condition after use. I am liable for all damages, expenses and loss caused by any person who attends or participates in this scheduled event. By signing this application, I agree to defend and hold harmless the County regarding any damage which may occur as a result of this scheduled function.

Signature of Responsible Person

Date

Please return application to:

Seward County Clerk
PO Box 190
Seward, Ne 68434