

_____ The person, corporation, entity or group understands that this permit may not be transferred or assigned to another person, corporation, entity or group.

_____ The person, corporation, entity or group assumes all risk and responsibility for any personal injury (including death) or property damage that arises out of the authorized event.

_____ The person, corporation, entity or group agrees to indemnify, defend and hold harmless the Commonwealth of Kentucky, Tourism, Arts and Heritage Cabinet, Department of Parks, their employees, designees, or licensees, against any claim of any person for damages for personal injury (including death) or property damages that result in whole or part from the authorized activity.

_____ The person, corporation, entity or group agrees to obtain and have in force One Million Dollars (\$1,000,000.00) in liability insurance coverage during any and all on-site activities including practices and preparation for the Event, and continuous liability insurance coverage to the conclusion of the Event, including tear down and removal of personal property. Said liability insurance coverage shall have the Commonwealth of Kentucky, Department of Parks, as named insureds. The person, corporation, entity or group agrees to provide a copy of said insurance liability certificate to the Park, prior to the Event.

_____ The person, corporation, entity or group agrees to provide sufficient staff to manage the Event and understands that **the park premises serves only as a venue**; all staffing, collection of fees, parking activities, direction of traffic, set-up, staging, monitoring, tear-down, clean-up, and any other requirement for the Event, is the sole responsibility of the Event host, not the Kentucky Department of Parks, their employees, contractors, volunteers, or assigns.

THE UNDERSIGNED, AS CONTACT PERSON, AGREES TO THE TERMS AND CONDITIONS OF THE EVENT PERMIT APPROVED BELOW.

SIGNATURE OF CONTACT PERSON _____

DATE _____

NAME OF EVENT: _____

TYPE OF EVENT: _____

FEE/CHARGE PER PARTICIPANT: _____

ESTIMATED ATTENDANCE: _____

PARK FACILITIES REQUESTED: _____

SET-UP TIME: _____ **EVENT TIME:** _____

BREAK-DOWN AND OUT TIME: _____

***** FOR OFFICE USE ONLY*****

Date received:

Dates permitted activity may occur:

Permit expires:

Activities permitted:

Space/Facilities to be utilized:

Conditions: The following conditions must be met:

Park usage fee:

Recommended by: _____ *Date:* _____
Director, Division of Interpretation and Program Services

Approved by: _____ *Date:* _____
Commissioner, Kentucky State Parks

This approved application shall serve as a special event permit and shall be maintained by the contact person who shall show it upon request during events on the Department of Parks lands.