



PARKS & RECREATION DEPARTMENT
323 Church Street • Santa Cruz, CA 95060
[p] (831) 420-5270 • [f] (831) 420-5271

Nonprofit Authorization Form

Non-profit organization (to be completed by authorized personnel or board representative)

Name of Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Non-Profit Tax ID # _____ **Phone:** _____

This document certifies that the Board of Directors or authorized personnel of our non-profit agency **has approved the following individual(s)** to use this agency's non-profit status to make reservations at City of Santa Cruz facilities.

Authorized User: _____ Phone _____

Authorized User: _____ Phone _____

Authorized User: _____ Phone _____

Authorized User: _____ Phone _____

List any additional names on back or an attachment.

The authorization of use of this non-profit organization's Tax ID recognizes that:

- allows the aforementioned individuals to sign contracts and make reservations at Parks & Recreation facilities and that;
- the non-profit assumes full liability and responsibility for these reservations as stated within the period of authorization.

This authorization extends until _____ (Not greater than 1 year from today's date)

It is understood and agreed that the applicant assumes all risks for the loss, damage, liability, injury, cost or expense that may arise during or be caused in any way by such use of the facilities of the City of Santa Cruz; the applicant further agrees that in consideration of being permitted to use said facilities the applicant will save and hold the said City of Santa Cruz and/or their employees free and harmless from any loss, claim and liability or damages, and/or injuries to persons or property that in any way may be caused by applicant's use or occupancy of said facilities. I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant for any damage sustained by the grounds, building, furniture, or equipment occurring through the occupancy of said facilities by the applicant.

As the representative of this event, I agree that while I/we use this facility, I/we will not discriminate on the basis of disability. I, the undersigned, have read, and agree to abide by the rules and regulations for the facility use as listed on supplemental materials. The terms of this agreement may not be altered or amended unless the undersigned and the City of Santa Cruz agree in writing to such an alteration or amendment. This agreement may not be orally amended or altered.

Signature _____ Date _____

Title _____