

City of Sammamish

	DATE DUE	
Right of Way Use Permit Waiver		
To further assist us in scheduling your event, please complete the following permit and return it by the Due Date specified above.	Insurance Required: <input type="checkbox"/> Insurance Received: <input type="checkbox"/>	
Location/Roadway: _____	Event Day:	Event Date:

Estimated Attendance: _____	Start:	End:

Name of Group: _____ Type of Activity: _____

Contact Name: _____ Day Phone: _____

Evening Phone: _____ Fax: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Alternate Contact: _____ Alternate Phone: _____

To assist us in serving you better, please mark each of the following items yes or no—they may require written authorization, additional fees, and/or insurance. If you have marked yes to any item give a specific explanation below.

Event Plans—Please Be Specific	YES	NO	COMMENTS
Advertise to public	<input type="checkbox"/>	<input type="checkbox"/>	_____
Athletic Activities	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amplification	<input type="checkbox"/>	<input type="checkbox"/>	_____
Religious Service/group rally	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sales (food, T-shirts, other, etc., please list)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Event Participation Fees	<input type="checkbox"/>	<input type="checkbox"/>	_____
*participants required to pay admission	<input type="checkbox"/>	<input type="checkbox"/>	_____
*optional participant donation	<input type="checkbox"/>	<input type="checkbox"/>	_____

Explanation _____

Copy for Maintenance _____

See page 2 for more information—signature required

Please check the following items to acknowledge that you have read the information provided. Based upon the information supplied, proof of insurance may be required for approval of your event.

- _____ I am aware that alcoholic beverages are not allowed in the right-of-way area that I have requested.
- _____ I am aware that dunk tanks, hot air balloons and remote control airplanes or vehicles are not allowed in the area that I have requested.
- _____ I realize that I am responsible for my own set-up and clean-up. My reserved time includes sufficient time for both these activities.
- _____ If the event plans change, I am responsible to contact the City a minimum of 15 working days prior to the reservation date that I have requested.
- _____ I am aware that any activities requiring set-up of special equipment must be approved in advance.

The organization using City of Sammamish right-of-way agrees to protect, defend, indemnify and save harmless the City, their officers, employees and agents from any and all costs, claims, judgments and awards for damages arising out of or in any way resulting from the use of City right-of-way. In the event the City incurs any fees, expenses and/or costs, including attorney fees, to enforce the provisions of this article, all such fees, expenses and costs shall be recoverable from the organization.

I, the undersigned hereby certify that I am the authorized and responsible representative of the petitioning organization, that the above statements are true to the best of my knowledge, and I have read all the regulations, policies and facility use requirements governing users of City facilities, which are enclosed with this permit. The undersigned agrees to accept any and all legal liability for damages to any or all parts of the right-of-way and/or traffic control devices or equipment covered in the permit and/or injuries incurred by any or all of the group members.

Signature: _____ **Date:** _____

Failure to sign and return this permit by the Date Due will cancel the proposed reservation request. No refunds will be given if cancellation is received less than 15 working days in advance of the event. When approved, this permit will be your receipt. We strongly recommend you bring the approved form with you to your event for proof of reservation.

_____ **FOR OFFICE USE ONLY** _____

DATE DUE: _____

Approved by _____ **Date:** _____
City of Sammamish Staff

Please return this permit application to:

**City of Sammamish
Public Works Department
801 228th Avenue SE
Sammamish, WA 98075
(425) 295-0500 * (425) 295-0600 fax**