City of Leesville

Polk Outdoor Theater

Facility Rental Application



The Polk Theater Community Stage is an open-air venue that is used for local events and is available for rental. The cost is \$100 per day.

The venue has electricity and water available, but no restrooms, so renters might need to consider arranging for a porta-john to be placed onsite. Renter must accept the property on an "as is" basis – no improvements will be made by the city for your event.

Parking is available along the bordering streets and is allowed in designated areas only. All vehicles improperly parked are subject to being towed at the owner's expense.

Some picnic tables and benches are available, but users are encouraged to bring their own seating when possible.

The renter agrees to clean up after their event – removing all trash, equipment, vendors and everything brought by them, etc. from the property and to return the property to the City as it was, prior to use.

If the renter fails to clean up and remove all items brought in for the event, the City will clean the property and shall apply the cost, including all labor costs, to the responsible party who has signed this agreement.

The renter agrees to uphold the City's <u>noise ordinance</u>, which prohibits any noise which either annoys, disturbs, injures or endangers the comfort, repose, health, peace or safety of others, especially between the hours of 11pm and 7am.

It is the responsibility of the renter to ensure the facility rules and regulations are adhered to, not only by participants, but also by spectators who may attend.

PROHIBITED ITEMS / ACTIONS:

City of Leesville representatives have the right to ask anyone to leave the park if behavior, language or clothing is deemed unacceptable. Inappropriate items/behaviors include, but are not limited to:

Littering	Alcoholic Beverages		
Glass Containers	Illegal / Recreational Drugs		
Vandalism	Intoxication		
Vulgar Language	Fighting or Aggressive Behavior		
Inappropriate Gestures	Advertising, marketing, or soliciting without prior		
	written approval by the City of Leesville.		
Bicycles, Rollerblades, Skateboards, Scooters, etc.	Firearms		

Any person acting in a disorderly or unsafe manner will be immediately removed from the premises.

CONTACT INFORMATION:

Name of Event:				
Beginning Date:	Time:	Ending Date:	Tim	Time:
Primary Rental Contact:			·	
Home Phone: Cell Phone:				
Mailing Address:	City, State, Zip	City, State, Zip:		
Email:				
Sponsoring Organization:				
On-Site Coordinator:		Cell Phone:		
Description of Event:				
COST:		Number of Davis	Amazount	Dura
Price		Number of Days	Amount	Due
\$100 X Please make Checks or Money	Ordors navah	la tar City of Lagrilla FOG	Courth Eth Ct Loosui	:110 1 1 71 1 1 1 6
In addition, I agree to defend and volunteers from and again person, or for loss or damage t work or thing done, permitted, damage as shall have been occ	st any and all o property, w or suffered b	claims, suits, actions, or land of the use by User in or about the Pre	abilities for injury of of Premises or from emises, except only	r death of an any activity,
By signing this application, the group listed above and will a permit is not transferable ar Leesville.	gree to follo	ow all rules and regulati	ons within this doc	cument. This
Signature			_	
Printed Name				
Date				
OFFICE USE ONLY ☐ Completed Rental Agreement ☐ Approved by City of Leesville		□ Rental Paymer		
Approved by:				

ACCIDENT REPORT FORM

In the event of an accident, the event organizer is required to fill out an *Accident Report Form* and submit it to the City of Leesville, or its Parks and Recreation Supervisor, as soon as possible.

Location: Leesville Recreation Complex Contact Person: Patti Larney, City Administrator

Address: 508 South 5th St., Leesville, LA Phone: (337) 239-2444

PLACE OF ACCIDENT								
Specific Site of Ad	ccident:		Date of Accident:					
Time: L	ight:		Weather:					
Condition of Site	/Hazards Prese	nt:						
PERSONS INJURED								
Name:			Phone (Home):					
DOB: Address:			Phone (Work): City, State, Zip:					
Name of Parent/0	Guardian:		City, State, Zip.					
		lude any nertinent	factors height weight o	Inthes shoes glasses				
Description of Injured Party (Include any pertinent factors height, weight, clothes, shoes, glasses, disabilities, etc.):								
Nature and Extent of Injury:								
Medical Aid Offer	rad or Pandara	d:						
	red of Kendere	u.						
By Whom:		Phone:						
Address:			City, State, Zip:					
		PROPERTY	DAMAGE					
Nature and Exten	it:							
Person Involved:								
Address:		City, State, Zip:						
Others Involved:								
DESCRIPTION OF ACCIDENT/INCIDENT								
NAMES & ADDRESSES OF WITNESSES								
Name:		Address:		Phone:				
Name:		Address:		Phone:				
Name:		Address:		Phone:				
NAME of PERSON COMPLETING FORM								
Name:		Address:		Phone:				

Any person who, with the Intent to injure, defraud or deceive any insurance company, submits a statement of claim containing false, incomplete, or misleading information may be subject to criminal and/or civil penalties.

