

Checked Lomita Residency _____
Staff Member _____

Date Received _____
Time Received _____

**CITY OF LOMITA
DEPARTMENT OF RECREATION & FACILITIES**

Lomita Railroad Museum
2137 W 250th St, Lomita CA 90717
Phone: 310-326-6255

Operating Hours – Friday – Sunday 10:00 AM – 5:00 PM
Closed on Major Holidays

Application for Facility Reservation and Use Agreement

() Annex Park () Irene Lewis Park

APPLICANT (Name of primary contact): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE :(Day) _____ (Evening) _____

EMAIL ADDRESS: _____

GROUP OR ORGANIZATION: _____

DATE AND TIME REQUESTED AND MUST INCLUDE YOUR SET-UP & CLEAN UP TIME

Date(s): _____ Start Time(s): _____ End Time(s): _____

EVENT INFORMATION

PROPOSED USE OR FUNCTION TYPE: _____

ESTIMATED ATTENDANCE: _____

PLEASE LIST ALL EQUIPMENT OR OBJECTS TO BE USED: _____

RENTAL RULES & INFORMATION:

- All fees and/or deposits are to be paid 2 weeks prior to your event
- All changes to your event will need to be change 5 days prior to your event.
- This application becomes your permit for facility use upon authorized approval and payment of all fees and/or deposits
- Please check in and out with Museum staff before and after your event.
- Park facilities must be left clean and in the same condition presented before your arrival.
- You may bring food, drinks, chairs, BBQ grill, balloons, and a piñata to enjoy at our Annex Park & Irene Lewis Park only.
- Vehicles may not enter the park to drop off or pick up any equipment (BBQs, tables & chairs, tents, etc.).
- **Payment Options: DEBIT, CREDIT CARD, CASH, and or CHECK.**
- **ALCOHOL & SMOKING is STRICTLY PROHIBITED** at all park facilities
- **Fun Jumpers/Bounce Houses, Trackless Trains, and Petting Zoos are STRICTLY PROHIBITED** at all park facilities
- **Eating, drinking, and decorating is prohibited inside the museum with the exception of bottled water.**
- **A maximum capacity of 75 or less will be permitted in the Annex Park for rentals**

AGREEMENT FOR USE

It is distinctly understood and agreed that the applicant assumes all risks for loss, damage, liability, injury cost or expense that may arise during or be caused in any way by such use or occupancy of the facilities of the City of Lomita and/or Parks and Recreation Department. The applicant further agrees that in consideration of being permitted to use said facilities, he, she or it will save or hold the City of Lomita and/or their employees free and harmless from any loss, claims, and liability or damages and/or injuries to persons or property that in any way may be caused by applicant's use or occupancy. I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant. My signature certifies that all information on this application is true, including the prohibition of alcohol. I understand that any misstatements or omissions of material fact herein may cause forfeiture of my deposits. Refundable deposits are refundable if there was no damage, all policies were followed, and the facility was left in good order. I hereby certify that I have read (or had interpreted), understand, and agree to abide by the attached reservation policies of the Parks and Recreation Department.

Applicant represents and warrants that use of the premises for subject activities will be in compliance with all local, county, and state laws, regulations, and guidelines, regarding COVID-19. A failure to comply with all applicable laws, regulations, and guidelines may result in the immediate termination of this permit, as well as subject Applicant to potential penalties, fines, fees, and criminal prosecution as authorized to the City under the law. Granting of this permit does not constitute an approval by the City that Applicant is complying all relevant COVID-19 laws, regulations, and guidelines. Applicant agrees to require all participants to review and execute the waiver attached as Exhibit "A."

Applicant's Signature: _____ Date: _____

Office Use Only

Approved: () Denied () Date: _____

Museum Staff : _____

Rental Fee: _____

Rental Deposit: _____

Extra Fee: _____

TOTAL FEES: _____

TOTAL DEPOSIT: _____

Fees Paid: _____ Date: _____

Deposits Paid: _____ Date: _____

Deposits Refunded: _____ Date: _____

Rental Payment Due By: _____