

**Port of Siuslaw**  
PO Box 1220 Florence OR 97439 ~ 541.997.3426  
**Grounds / Facilities Use Permit Application**

Date \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

Responsible Person \_\_\_\_\_ Phone/email \_\_\_\_\_

Usage Date(s) From \_\_\_\_\_ to \_\_\_\_\_ Usage Time(s) \_\_\_\_\_ to \_\_\_\_\_

Intended Activity/ Location \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_  
Please provide certificate(s) of insurance prior to the event.

**Indemnification**

The Organization and the Responsible Person agree to indemnify, reimburse, and hold the Port of Siuslaw harmless from any and all liability, claims, expense, or damage which may be brought against the Port of Siuslaw as a result of any act or occurrence of the applicant, its members, agents, guests, or invitees. This includes reimbursement to the Port of Siuslaw for any damages to District property, and reimbursement, including any attorney's fees incurred by the Port of Siuslaw in collection of these sums, whether or not litigation is required and in defense of any action brought by any party.

**Clean-up**

The Organization or Responsible Person will provide, at no cost to the Port of Siuslaw, clean-up which is necessary to restore the facilities and/or grounds to the same condition or better as before the Organization's event began. This includes providing trash and recycling containers at the Organization's own expense. The Organization is responsible for providing its own electrical supply if needed. Any damages to any equipment, facilities, or grounds which may occur during the usage will be repaired or replaced, at no cost to the Port of Siuslaw, by the Organization or the Responsible Person.

I acknowledge the Port of Siuslaw may cancel my right to use the premises at any time or the activities being engaged in at the Port of Siuslaw may be curtailed at the sole discretion of the Port of Siuslaw. I understand the Port of Siuslaw is responsible for numerous properties and undertakings within the Port District which may necessitate interruption of any activity because of business, emergency situations and/or lack of staff to monitor use of the Port facility.

\_\_\_\_\_  
Organization's Representative Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Responsible Person's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Approved by Port Manager \_\_\_\_\_ Date \_\_\_\_\_