



EVENT PERMIT

Ordinance 17-08

Lifting Lehigh

PERMIT NUMBER: TMP2024-00139

Date(s) of Event: June 8, 2024

Property Owner: LEE COUNTY

Applicant: DELROY & LORNA HOWELL
239-896-8322

Description: Community outreach - giving back, Children's activities, free food, Evangelism, Professional education in real estate, ex first home buyer program/credit importance Establishing & protecting your credit. Blood pressure and medical screening. Medical mobile truck will be on site at Veteran's Recreation park on June 8, 2024 from 8:00AM until 5:00PM

Location of event: 55 HOMESTEAD RD S, LEHIGH ACRES, FL 33936

Veteran's Recreation Park

Will the event be attended by 1000 or more people ?	No
Will the event be held on County Owned Property ?	Yes
Will there be alcohol consumed or sold at the event ?	No
Will a bond be posted for this event ?	No

Permit Conditions:

- * Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- * The premises is to be left in the same condition as it was prior to the event.
- * The permit is to be readily available for inspection during the entire event.
- * If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners
Lee County, Florida


4/18/2024

 County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

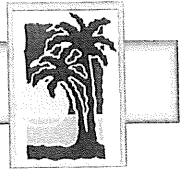
Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

Lifting Leigh

TM2024-00139

Lee County Event Permit Application



Event Application

Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
- USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

Section I - GENERAL INFORMATION (All Permit Types)	
Title of Event / Name of Production	LIFTING Lehigh
Date(s) of Event / Production:	June 8 th , 2024
Location(s) of Event:	Veterans Recreation Park
Name of Applicant:	LORNA HOWELL
Applicant Address:	4408 6th St W Lehigh Acres FL 33971
Applicant Phone Number:	239 896 8322
Contact Person: (If different from applicant)	Same
Contact Phone Number: (If different from applicant)	
Email Address:	LORNAHOWELL2020@gmail.com
Estimated Attendance:	Approx 150
Event Description: Include each activity, when activities take place, etc.	Community Outreach - giving back - children activities Free Food. Evangelism. Professional Education in Real Estate, Ex. First home buyer program/Credit Importance Establishing & protecting your credit. Blood Pressure & medical screening. Medical mobile truck will be on site
Hours of Operation:	8 AM - 5 PM
STRAP # of Parcel:	05-45-27-00-00004-0000
Owner of Premises*:	LEE County

*Notarized statement from the property owner specifically consenting to the proposed use required.

Lee County Event Permit Application



Fill out the following questions for all permit types:

What is the Zoning Classification of the premises? PARK

Are any temporary structures to be installed for the event? Yes No Type: 10x10Tents

Do you have the appropriate permits for the temporary structures? Yes No

* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities indentified, including all parking areas.

Insurance Company Insuring the Event: American Specialty Insurance & Risk

Note: Certificate of Insurance must be submitted at time of application

Surety Company Bonding this Event (Name and Address): American Specialty
7709 W. Jefferson Blvd Suite 100
Fort Wayne IN 46804

Will Vehicles be Used as Part of This Event?

Yes No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

Yes No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

Yes No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization Providing Food:

SPOTLIGHT catering & Lee Sars

Type of Food being Served: HOTDOGS

Hot Dogs - chicken

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: BETHEL Tabernacle Church

Fill out this portion for applications for Solicitation in the County Rights-of-Way:

Name of Charity: _____

Address of Charity: _____

Phone Number: _____

Non-profit certificate/registration number: _____

(Proof of registration with the Dept. of Agriculture & Consumer Services 5496.405 or proof the organization is exempt from this requirement. 5316.2045)

Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

Is alcohol being sold/consumed on County Property? Yes No

If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.

Non-profit certificate/registration number: _____

(Required if alcohol is to be SOLD at the event)

Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for further details

Lee County Event Permit Application



Type of Production (choose all that apply):

- TV Movie or Special TV Series / Pilot TV Commercial Still Photos
- Public Service Announcement Industrial / Documentary Other: _____

Will any of the following be needed or included*?

- Street Closure Yes No
- Traffic / Crowd Control Yes No
- Fire or Burning Yes No
- Explosives or Pyrotechnics Yes No
- Animals, Large or Small Yes No
- Construction of Any Kind Yes No
- Large and/or Numerous Vehicles Yes No
- Helicopters, Boats, etc. Yes No
- Stunts Yes No
- Other Yes No

* For any marked Yes, provide further details below:

Special Parking Requirements:

City or County Services Required: (Personnel, equipment, facilities, etc.)

The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible.

Number in Cast: _____ Number in Crew: _____ Number of locals hired: _____

Total budget: _____ Estimate amount spent in Lee County: _____

Hotel room nights: _____ Number of shooting days: _____

number of rooms x number of nights



SECTION I - SAFETY

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

SECTION II - INSURANCE

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted premises or improvement thereto, or arising from the use of the premises.

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.

Lee County Event Permit Application



SECTION V - AGREEMENT

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.

[Handwritten Signature]
Signature of Applicant

[Handwritten Signature]
Witness

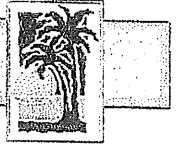
LORNA HOWELL
Print Name of Applicant and Title

DELODY HOWELL
Print Name of Witness

2/23/2024
Date

Feb 24, 2024
Date

Lee County Event Permit Application



LEE COUNTY SHERIFF'S DEPARTMENT
14750 SIX MILE CYPRESS PARKWAY
FORT MYERS, FLORIDA 33912
(239) 477-1199

Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
- USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Parking:	Parking for event will be in authorized areas only & right-of-way must not be impeded.
Deputies (How Many?):	None are required for this event.
Fee for Services:	None
Special Arrangements:	Any amplified sounds must adhere to Lee County noise ordinance.

Print Name: P. Cummins
Signature:
Title: Commander
Date: 3 6 24

Lee County Event Permit Application



FIRE DEPARTMENT

The Fire Department serving the area where the event is to be held signs this form.
Please see User's Guide for contact information and Fire District Map.

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

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Fire Guards (How Many?)

Pursuant to NFPA 101-13.7.6.1, provide at least one crowd manager for every 250 persons. Crowd manager must have certificate attesting to training. Must have cell phone at all times of event.

Fee for Services:

Flammable Vegetation:

First Aid Equipment:

Responsible for first aid or must be able to call 911.

Fire Extinguishing:

Provide 2A:10B:C fire extinguishers within 50 feet of all tents.

Special Arrangements:

No open flames or pyrotechnics

Print Name: Ken Bennett
Signature: K Bennett
Title: Fire Marshal
Date: 3-22-2024



Lee County Event Permit Application

EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY

2000 Main St., Suite #100

FORT MYERS, FL 33901

(239) 533-3911

Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
- USE OF COUNTY PROPERTY PERMIT
- FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Treatment Facilities:	See Special Arrangements below.
Medical Personnel:	See Special Arrangements below.
Medical Supplies / Equipment:	See Special Arrangements below.
Safety Requirements:	See Special Arrangements below.
Fee for Services	See Special Arrangements below.
Special Arrangements:	LCEMS defers to Lehigh Acres Fire Control and Rescue District for specifying EMS coverage for this event, as it falls within their response district. Their contact information is: 636 Thomas Sherwin Ave S, Lehigh Acres, FL 33974 Phone: 239-303-5300 Email: firerescue@lehighfd.com

Print Name: Douglas B. Higgins

Signature: Douglas B. Higgins Digitally signed by Douglas B. Higgins
Date: 2024.03.05 17:15:51 -05'00'

Title: Captain, EMS Operations

Date: March 5, 2024

Lee County Event Permit Application



DEPARTMENT OF TRANSPORTATION
1500 MONROE STREET
FORT MYERS, FL 33901
(239) 533-8580

Check the appropriate box(es) below:

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AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Parking:

No event parking is permitted in Lee County maintained road right of ways.

Ingress and Egress:

Please use all established means of ingress and egress.

Special Arrangements:

Shall use Lee County Sheriff's Office for assistance with traffic control as needed. Emergency vehicle access and public vehicular access shall be maintained on all surrounding Lee County maintained roads.

Print Name: Nathan Thoman

Signature: Nathaniel C. Thoman

Digitally signed by Nathaniel C. Thoman
Date: 2024.03.06 07:01:16 -05'00'

Title: Project Manager

Date: 03/06/2024

Lee County Event Permit Application



LEE COUNTY PARKS AND RECREATION
3410 PALM BEACH BOULEVARD
FORT MYERS, FLORIDA 33916
(239) 533-7275

Check the appropriate box(es) below:

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AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Illumination:	Any illumination needs will be provided by the event organizer.
Parking Areas:	Confirm appropriate parking areas with the site supervisor. Event organizer will provide adequate parking attendance and traffic control devices and must ensure all emergency access and egress are clear for emergency vehicles.
Special Arrangements:	Participants and spectators must disperse and leave the park area to seek safe shelter during lightning alerts or threatening weather. Work with site supervisor for event needs.

Print Name: Colleen Via
Signature: Colleen Via
Title: County Wide Services Manager
Date: 2/29/2024

Veterans Lifting Weigh
6/5/2024

Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT
COUNTY ADMINISTRATION BUILDING - 4TH FLOOR
2115 SECOND STREET
FORT MYERS, FLORIDA 33901
(239) 533-2221

Check the appropriate box(es) below:

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AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Insurance Requirements: Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to applicants use of aforementioned event within Lee County.

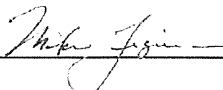
Certificate Must Read As:

Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials are automatic additional insureds and includes an automatic waiver of subrogation with regard to general liability. The certificate holder is an additional insured on a primary and noncontributory basis with regards to general liability.

Special Arrangements: A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County, a political subdivision and Charter County of the State of Florida, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured as listed above.

Subject to proof of insurance.

Print Name: Mike Figueroa

Signature: 

Title: Risk Program Manager

Date: March 4, 2024



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/01/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER American Specialty Insurance & Risk Services, Inc. 7609 W. Jefferson Blvd., Suite 100 Fort Wayne IN 46804		CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____																						
INSURED Bethel tabernacle church of God 5513 8th Street West Lehigh Acres FL 33971		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Arch Insurance Company</td> <td>11150</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Arch Insurance Company	11150	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER E:																								
INSURER F:																								

COVERAGES **CERTIFICATE NUMBER:** 1002217324 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			SNCGL4557600	06/03/2024	06/14/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

- The Certificate Holder shall be an Additional Insured, but only with respect to the operations of the Named Insured, and subject to the provisions and limitations of Form CG 2026 Additional Insured - Designated Person or Organization, but only with respect to LIFTING LEHIGH on June 08, 2024.

OK 03/04/2024

CERTIFICATE HOLDER Lee County, A political subdivision and charter county of the State of Florida P.O. Box 398 Fort Myers FL 33902-0398		CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 	
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3/11/24, 10:31 AM

COMMUNITY OUTREACH - lornahowell2020@gmail.com - Gmail

Kiara Suarez <kiara.suarez@lehighfd.com>
to Jeff, me

Good Morning Ms. Lorna,

The form the fire department completes is missing from the Event Application in your attachment. As confirmation, a fire rescue is not required for this event.

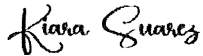
Inspector Nickell will be present with a tent and handouts for the community. He should be reaching out to you once we get closer to the date to let you know what time he will be there.

He will also coordinate having a fire engine stop by for approximately 1-2 hours, for tours of the engine and the opportunity to speak with the firefighters.

Please send us the flyer when it is available.

Let me know if you have any further questions.

Respectfully,



Administrative Secretary / Life Safety Division
Lehigh Acres Fire Control and Rescue District
Office: 636 Thomas Sherwin Ave S, Lehigh Acres, FL 33974
Mailing Address: 11 Homestead Rd S, Lehigh Acres, FL 33936
Phone: 239-303-5335
Kiara.Suarez@lehighfd.com

Event Waiver/Release of Liability Form

In consideration of the opportunities afforded me and/or my group by this Event Form, I, the undersigned Applicant, freely agree to and make the following contractual representations and agreements:

- 1. WAIVER AND RELEASE.** I, the applicant, do hereby knowingly, freely, and voluntarily assume all risk and liability for any damage or injury that may result from my and/or my group's use of the County facility and/or my or any person's participation in this Event, identified herein during the time period I and/or my group are using the County facility and/or participating in this Event, and further agree to release, waive, discharge, and covenant not sue Lee County, its officers, agents, employees, and volunteers (all for the purposes herein referred to as "Releasees" from any and all liability or claims that may be sustained by me or any member of my group, participants, and spectators, directly or indirectly in connection with, or arising out of, my group's use of the County facility or participation in this Event as described herein, whether caused in whole or in part by the negligence of Lee County or the Releasees.
- 2. INDEMNIFICATION.** I, the Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, participation in any event or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of the Event, or arising during such term from any act of negligence of the Applicant, members of Applicant's group, any participant in this Event, any spectator, Applicant's agent, contractors, or employees, or arising from any accident, injury or damage whatsoever, however caused, to any person or persons, or to any property or any person, persons, corporation or corporations, occurring during the Event on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.
- 3. INSURANCE.** The Applicant, at its sole expense, agrees to procure and maintain in force during the entire time of the Event, general liability insurance in the amounts determined by Lee County Risk Management to protect against damages from negligence, gross negligence willful and wanton acts or other claims arising from the use of County Property by the Applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional named insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property.
- 4. PARTICIPANT'S GENERAL LIABILITY INSURANCE COVERAGE.** Applicant will confirm general liability coverage includes coverage for participants and spectators. This Participant's general liability coverage will be primary before Lee County's self-insured liability or any insurance procured by Lee County. The insurance may not be canceled during the time of the Event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse of the Applicant.

I agree that I have read this form, fully understand its terms, and understand that I, or anyone who may claim to have rights on my behalf, have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend to be a complete and unconditional release of any and all liability to the greatest extent allowed by law and agree that, if any portion of this contract is held to be invalid, the balance notwithstanding shall continue in full legal force and effect.

5931

Applicant's Name: <u>Lorna Howell</u>	Signature of Applicant: <u>[Signature]</u>
Form I.D. Presented _____	Phone or Contact #: <u>239 896 8322</u>
Date _____	Facility: <u>church</u>

Veterans Park and Recreation Center

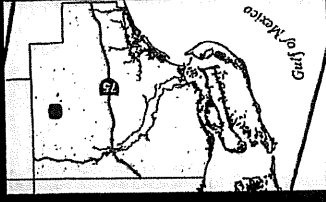


Back parking
Pavilion/Leighs

Over Flow parking

Over Flow parking

Facility Type(s): Community
 *GIS Calculated Acres: 82.4
 Address: 55 Homestead Road S,
 Leigh Acres, FL 33936
 Commissioner District: 5
 Community Park Impact Fee District: East (52) 133



Boundary lines on this page are approximate and have not been surveyed.

Miles: 0, 0.07, 0.14
 Feet: 0, 110, 220, 440, 660