

DAGGETT COUNTY FACILITIES USE  
APPLICATION FORM

This form is an application and does not constitute authorization to use the facilities until an agreement is written/approved. Please complete all items listed below and submit to the **Daggett County Clerk, PO Box 400, Manila, UT 84046; Phone: 435-784-3154; Fax: 435-784-3335; [clerk@daggettcounty.org](mailto:clerk@daggettcounty.org) at least two weeks before your proposed event.**

1. Name of Company or Organization: \_\_\_\_\_  
Contact Person(s): \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Email: \_\_\_\_\_
2. Phone Number \_\_\_\_\_
3. Facilities/Room(s) Desired: \_\_\_\_\_
4. Date(s) Being Requested \_\_\_\_\_
5. Beginning Time(s) \_\_\_\_\_ Ending Time(s) \_\_\_\_\_
6. Approximate Number of People Attending \_\_\_\_\_
7. Do you need tables \_\_\_\_ (qty) or awnings \_\_\_\_ (qty) for your event?
8. Type of Function and activities involved: \_\_\_\_\_  
Please Check all activities that apply: \_\_\_\_ Admission Charged \_\_\_\_ Alcohol Served / Sold  
\_\_\_\_ Rodeo Events \_\_\_\_ On-Site Camping Requested \_\_\_\_ Bounce House(s)  
\_\_\_\_ Fireworks/Pyrotechnics \_\_\_\_ Mechanical Rides \_\_\_\_ On Site Food Preparation  
\_\_\_\_ "Pot Luck" Food \_\_\_\_ Prepackaged or Catered Food \_\_\_\_ Product Sales (Types: \_\_\_\_\_)

Other Information: \_\_\_\_\_  
\_\_\_\_\_

**Requirements For Use Of County Facilities:**

1. **Follow any Coronavirus Guidelines in place by State of Utah or Tri-County Health Department**
2. **Setup and Clean-up To Be Done By Applicant.**
  - A. **Pick Up Area In And Around Location Reserved.**
  - B. **Return Tables To Original Locations**
  - C. **Remove Garbage From Cans and Place Into Dumpsters**
3. **NO ALCOHOL PERMITTED ON COUNTY OWNED PROPERTY WITHOUT PERMIT.** \_\_\_\_\_  
(Please Initial that you have read and understand this statement). (Pursuant to County Code 6-1-1(D))
4. Copy of Liability Waiver & Hold Harmless Agreement Received - YES/ NO (circle one) Depending on the type of activity Proof of Insurance May Also Be Required
5. Proof of insurance provided, if required.

Applicant certifies that the above information is correct:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed By County Staff:** Application #: \_\_\_\_\_

Date Application Received: \_\_\_\_\_ Date Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff Initials: \_\_\_\_\_

Signed Waiver Agreement Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff Initials: \_\_\_\_\_

Proof of Insurance or Insurance Waiver Approval: \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff Initials: \_\_\_\_\_

**Daggett County Facilities Use  
Liability Waiver and Hold Harmless Agreement**

For: Individual, Group, Organization Users of Daggett County Facilities

I understand that for purposes of this agreement Daggett County is relying on the information I provided in the Daggett County Facilities Use Application Form (“the Application”), and I acknowledge that the aforementioned form is incorporated into and made a part of this agreement. I also understand and agree that for purposes of legal notices or service of process, if necessary, the contact information provided on the Application shall be used.

My signature at the conclusion of this Liability Waiver and Hold Harmless agreement, indicates my total and complete understanding and agreement of this legal document, whereas I agree to hold harmless and defend Daggett County from any liability or damages to me or any minors that I am charged responsible for, or any and all personal or organizational property, that may occur during my voluntary, chosen usage of Daggett County property.

Furthermore, I understand that my participation in any activity, whether spectating or participating may be inherently dangerous, therefore I assume all liabilities related to my activity for me and any minors for which I am charged responsible. I understand that Daggett County is protected by State Statute which states that the user assumes any and all liability inherent to certain activities at the Daggett County Facility.

I understand that pursuant to Daggett County policy some events or activities may require me to show proof of insurance depending upon the level of risk associated with my use of the Daggett County Facility. I acknowledge and understand that Daggett County has sole discretion in determining the level of risk based upon information I provided when I submitted the Application. If, under their sole discretion, Daggett County has determined that my use of the Daggett County Facility requires proof of insurance, I have provided a Certificate of Insurance for all insurance required under this agreement. In addition, I agree to indemnify and hold harmless Daggett County for any and all claims and causes that may arise out of my use of the Daggett County Facility, including Daggett County’s cost of defense. Such claims and causes may include, but are not limited to, negligence, professional errors or omission, strict liability, breach of contract or warranty. I understand and agree that my coverage shall be sufficient to cover my obligations hereunder, including but not limited to the cost of Daggett County’s defense against such claims as may be made against Daggett County due to my use of the Daggett County Facility and I waive subrogation against Daggett County as to all insurance policies carried by me or my organization or required under this Agreement.

Risk Level: \_\_\_\_\_ Insurance Required: \_\_\_\_\_

Individual or Organizational Name \_\_\_\_\_ Application #: \_\_\_\_\_

Organizational Leader: \_\_\_\_\_ Title: \_\_\_\_\_

Responsible Person Name: \_\_\_\_\_ Date \_\_\_\_\_

Responsible Person Signature \_\_\_\_\_ Date \_\_\_\_\_

Accepted by (Daggett County Employee) \_\_\_\_\_ Date \_\_\_\_\_