☐ Yes ☐ No



**Application Information** 

Organization/Group/Association Name

## **Seasonal Request for Space**

The Permit Account Application form must also be completed. Learn about Premier, Stadium, A, B and C facilities at <a href="toronto.ca/parks/permits">toronto.ca/parks/permits</a>.

As stated in the Municipal Freedom of Information and Protection of Privacy Act, section 2(2.1) and 2(2.2), information collected on this form/collection/application is considered business identity information. Business identity information could be publicly available and/or disclosed upon request unless an exception applies.

Office Use Only

Activity Requires Insurance

Activity			o has their Insurance* ance through AL2531	☐ Yes ☐ No ☐ Yes ☐ No			
Is your group requesting City Insurance? □ Yes □ No *Please attach a copy of Insurance Certificate							
Location and Faci	lity Type						
You must complete a new form for each facility.							
Indicate the facility type:							
E.g. indoor rink, dry pad, gym, room, field, diamond, stadium, pool, indoor, park, outdoor rink							
Requested Hours per Facility Classification							
Premier (hh:mm)	Stadium (hh:mm)	A (hh:mm)	B (hh:mm)	C (hh:mm)			
Locations							
☐ Anywhere in Toronto	)						
☐ North York	☐ Scarborough	☐ Toronto/East York	☐ Etobicoke/York				
Specific Locations							
1.							
2.							
3.							
4.							
5.							

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## **Seasonal Request for Space**

#### **Seasonal Information**

Please indicate days of the week, times, and dates you wish to exclude from your permit (example: Holidays, PA Days, Religious Observances). Additional information can be included in the space following the chart. Exception dates must be provided in advance of the signed rental agreement. Groups who wish to cancel dates, times following agreement, must advise staff. Groups/Individuals may be subject to the full fee, unless dates and times can be sold to an alternate party. An administration fee for cancellation will apply.

Day of the Week	Facility Category	Season Start Date (yyyy-mm-dd)	Season End Date (yyyy-mm-dd)	Start Time (hh:mm)	End Time (hh:mm)	Attendance Per Booking	Exception Date or Comments (e.g. first choice)
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

#### **Schedule Information**

### **Special Equipment Request and Accessibility Features**

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# **Seasonal Request for Space**

E.g. lifeguards				
Release, Waiver & Indemnity				
The Permit Holder, for itself, its heirs, executors, administrators, successors and releases, waives and forever discharges the City of Toronto, its employees, ager consultants, representatives, elected and appointed officials, successors and as are called the "City Indemnities") of and from any and all claims, demands, losse actions and other proceedings whatsoever, whether in law, statute or equity, in reinjury, loss or damage to the Permit Holder, all its members and participants or thowsoever caused, except to the extent caused by or attributable to the negliger of the City of Toronto or those for whom the City is at law responsible. The Permagrees to indemnify and save harmless the City Indemnities from and against an incurred by any or all of them arising as a result of, or in any way connected with Permit, except to the extent such liability arises from or is attributable to the negligates of the City Indemnities or those for whom the City is at law responsible. The understands their responsibility to uphold all terms and conditions issued on the compliance of all members and participants. By signing this form, I acknowledge that I understand this form, and I agree to be bound by its contents.	nts, contractors, signs (all of whom es, damages, costs, espect of death, heir property, at or intentional acts it Holder further ay and all liability a the issuance of this igent or intentional e permit holder permit and to ensure			
Name (First, Last) of Authorized Representative of Group/Organization/Association				
Signature	Date (yyyy-mm-dd)			
Staff Comments				

**Additional Staff Requests** 

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