

# Seasonal Request for Space

The Permit Account Application form must also be completed. Learn about Premier, Stadium, A, B and C facilities at [toronto.ca/parks/permits](http://toronto.ca/parks/permits).

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.

Application Information	
Organization/Group/Association Name	<b>Office Use Only</b> Activity Requires Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Group has their Insurance* <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance through AL2531 <input type="checkbox"/> Yes <input type="checkbox"/> No
Activity	
Is your group requesting City Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Please attach a copy of Insurance Certificate	

## Location and Facility 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

<input type="checkbox"/> Anywhere in Toronto			
<input type="checkbox"/> North York	<input type="checkbox"/> Scarborough	<input type="checkbox"/> Toronto/East York	<input type="checkbox"/> Etobicoke/York

## Specific Locations

1.
2.
3.
4.
5.

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## 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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## Additional Staff Requests

E.g. lifeguards

## Release, Waiver & Indemnity

The Permit Holder, for itself, its heirs, executors, administrators, successors and assigns hereby releases, waives and forever discharges the City of Toronto, its employees, agents, contractors, consultants, representatives, elected and appointed officials, successors and assigns (all of whom are called the "City Indemnities") of and from any and all claims, demands, losses, damages, costs, actions and other proceedings whatsoever, whether in law, statute or equity, in respect of death, injury, loss or damage to the Permit Holder, all its members and participants or their property, howsoever caused, except to the extent caused by or attributable to the negligent or intentional acts of the City of Toronto or those for whom the City is at law responsible. The Permit Holder further agrees to indemnify and save harmless the City Indemnities from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with the issuance of this Permit, except to the extent such liability arises from or is attributable to the negligent or intentional acts of the City Indemnities or those for whom the City is at law responsible. The permit holder understands their responsibility to uphold all terms and conditions issued on the permit and to ensure compliance of all members and participants. By signing this form, I acknowledge that I have read and that I understand this form, and I agree to be bound by its contents.

Name (First, Last) of Authorized Representative of Group/Organization/Association	
Signature	Date (yyyy-mm-dd)

## Staff Comments

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