



# SPECIAL EVENT APPLICATION

Special Event Review Committee

DATE SUBMITTED: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

## EVENT – PLEASE PRINT

**APPLICATION FEE: \$25 FOR PROFIT \$0 NON PROFIT**

EVENT NAME: <u>Pickleball League</u>	EVENT DATE(S): <u>9/10, 9/14, 9/17, 9/21, 9/24, 9/28, 10/1, 10/5, 10/8, 10/12, 10/15, 10/19, 10/23, 10/26, 11/1, 11/5, 11/8, 11/12, 11/16, 11/19, 11/23</u>
EVENT ADDRESS: <u>Bear Creek Park</u>	SET UP DATE & TIME: <u>10/29, 11/2, 11/5, 11/9, 11/12, 11/16, 11/19, 11/23</u>
HOST/ORGANIZATION: <u>Northeast Tarrant Tennis &amp; Pickleball</u>	EVENT OPERATIONAL TIME: <u>9:30 AM</u>
CONTACT: <u>Dubbie Bryan</u>	TEAR DOWN DATE & TIME: <u>N/A</u>
CONTACT PHONE: <u>817-797-2590</u>	ALTERNATE CONTACT: _____
CONTACT EMAIL: _____	ALTERNATE PHONE: _____
CONTACT ADDRESS: <u>P.O. Box 92718, Southlake, TX 74092</u>	ALTERNATE EMAIL: _____
PROPERTY OWNER CONTACT: _____	EMAIL: _____
NAME: _____	ADDRESS: _____
PHONE: _____	

## EVENT DESCRIPTION-PLEASE PRINT

ANTICIPATED ATTENDANCE: 12 per match

GENERAL DESCRIPTION: (Please include types of activities, structures, parking, rides, food, canopies, large tents, etc...)

Use of 3 courts for league play

Will you have food trucks/food vendors: YES/NO NO

If yes, they are required to obtain a permit through the City of Keller and through Tarrant County Public Health. Please list the food trucks or vendors you will have at your event below.

Will you be serving alcohol? YES/NO NO

If yes, you are required to hire security.

Will you be hiring Police/Security for this event? YES/NO NO

Will you be requesting on-site EMS? YES/NO NO

Will you be displaying signs for your event? YES/NO If needed

Will you have a golf cart/ ATV at your event? YES/NO NO

Submit application to:  
1100 BEAR CREEK PARKWAY (PHYSICAL)  
KELLER, TX 76248

PO BOX 770 (MAILING)  
KELLER, TX 76244

FAX: 817-743-4193  
PHONE: 817-743-4052  
EMAIL: [eventpermit@cityofkeller.com](mailto:eventpermit@cityofkeller.com)



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## INDEMNITY CLAUSE

USER, BY EXECUTING THIS SPECIAL EVENT APPLICATION AND THE MUTUAL CONSIDERATION CONTAINED HEREIN WHICH IS ACKNOWLEDGED AND AGREED, HEREBY AGREES TO INDEMNIFY, HOLD HARMLESS, AND DEFEND THE CITY, ITS OFFICERS, AGENTS, AND EMPLOYEES FROM AND AGAINST ALL LIABILITY FOR ANY AND ALL CLAIMS, SUITS, DEMANDS, AND/OR ACTIONS FOR DAMAGES TO PERSON (INCLUDING DEATH), PROPERTY DAMAGE (INCLUDING LOSS OF USE), AND EXPENSES INCLUDING COURT COSTS AND ATTORNEY'S FEES AND OTHER REASONABLE COSTS OCCASIONED BY OR ARISING OUT OF USERS OF PUBLIC SPACES AND/OR ACTIVITIES CONDUCTED IN CONNECTION WITH OR INCIDENTAL TO THE REQUESTED PERMIT AND ARISING OUT OF OR RESULTING FROM THE INTENTIONAL ACTS OR NEGLIGENCE OF USER, ITS OFFICERS, AGENTS, EMPLOYEES OR PERSONS PARTICIPATING IN THE EVENT SPONSORED BY THE USER.

USER MUST FURTHER AGREE THAT IT SHALL, AT ALL TIMES, EXERCISE REASONABLE PRECAUTIONS ON BEHALF OF, AND BE SOLELY RESPONSIBLE FOR THE SAFETY OF ITS OFFICERS, AGENTS, EMPLOYEES, PARTICIPANTS, VISITORS AND OTHER PERSONS, AS WELL AS THEIR PROPERTY, WHILE IN OR ON THE PUBLIC SPACES OR INVOLVED IN ACTIVITIES IN CONNECTION WITH OR INCIDENTAL TO THE PERMITTED USE OF THE PUBLIC SPACES UNDER THIS PERMIT. IT IS EXPRESSELY UNDERSTOOD AND AGREED THAT CITY SHALL NOT BE LIABLE OR RESPONSIBLE FOR THE NEGLIGENCE OF USER, ITS AGENTS, SERVANTS, EMPLOYEES, CUSTOMERS, VISITORS, AND PARTICIPANTS.

IT WILL BE FURTHER AGREED WITH RESPECT TO THE ABOVE INDEMNITY, THAT CITY AND USER WILL PROVIDE THE OTHER WITH PROMPT AND TIMELY NOTICE OF ANY EVENT COVERED IN ANY WAY, DIRECTLY OR INDIRECTLY, CONTINGENTLY OR OTHERWISE AFFECT OR MIGHT AFFECT THE USER OR CITY, AND CITY SHALL HAVE THE RIGHT TO COMPROMISE AND DEFEND THE SAME EXTENT OF ITS OWN INTERESTS.

USER WILL FURTHER AGREE THAT THIS INDEMNITY PROVISION SHALL BE CONSIDERED AS AN ADDITIONAL REMEDY FOR CITY AND NOT AS AN EXCLUSIVE REMEDY. I HAVE READ AND UNDERSTAND THE SPECIAL EVENTS POLICY AND AGREE TO TERMS OF SAID POLICY.

Applicant Name: Northeast Tarrant

Property Owner Name: \_\_\_\_\_

Applicant Signature: Tennis Debbie Bryan

Property Owner Signature: \_\_\_\_\_

Date: 7/11/24

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

### DO NOT WRITE BELOW LINE

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

Sent for Review  Due Date  Approved  Denied

Submit application to:  
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KELLER, TX 76248

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KELLER, TX 76244

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