



CITY OF SHARONVILLE EVENT/ASSEMBLY PERMIT

TITLE AND LOCATION OF EVENT: _____

ORGANIZATION: _____

ORGANIZER: NAME: _____ PHONE: _____ EMAIL: _____

DATE(S): _____ TIME: _____ to _____

DESCRIPTION OF EVENT (e.g., provide map or route, if applicable): _____

ESTIMATED ATTENDANCE: _____

ITEMS REQUESTED FROM CITY, IF ANY: _____

1. This Application and Release Form must be completed and submitted to the City at least five (5) days prior to the date of the proposed event/assembly or a permit may not be granted.
2. The Safety/Service Director, in his/her sole discretion, shall determine whether to grant the requested permit, grant a modified permit (e.g., with conditions) or to deny such permit, and shall determine the hours of operation of the event/assembly.
3. A permit will not be granted unless this Application and Release Form is completed in full and timely submitted.
4. For **neighborhood block parties**, signatures from impacted residents supporting the request must be provided. On a separate piece of paper, please provide all house numbers impacted by the proposed closure; print each property owner/tenant name; and provide signatures from the owner/tenant.
5. Proof of Insurance: Proof of insurance, in an amount that the City of Sharonville determines to be necessary and adequate under the circumstances, is needed for event/assembly permits.
6. A certificate of insurance naming the City of Sharonville as an additional insured is required for any event held in the City. The Safety Service Director may waive this requirement.

THE UNDERSIGNED HEREBY AGREE TO ASSUME ALL RISK OF INJURIES TO PROPERTY OR PERSONS OR DEATH RESULTING FROM PARTICIPATION IN THIS EVENT/ASSEMBLY. THE UNDERSIGNED HEREBY AGREES THAT IT WILL INDEMNIFY AND HOLD HARMLESS THE CITY, ITS OFFICERS, AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY OF EVERY KIND, NATURE OR DESCRIPTION, ARISING OUT OF ANY AND ALL CLAIMS, DEMANDS, LAWSUITS OR JUDGMENTS, WHICH MAY BE BROUGHT BY ANY PERSONS, FIRMS OR CORPORATIONS AGAINST THE CITY, ITS OFFICERS, AGENTS AND EMPLOYEES, BY REASON OF ANY AND ALL ACCIDENTS OR INCIDENTS OF EVERY KIND AND DESCRIPTION.

I, the undersigned, hereby request the granting of an Event/Assembly Permit, and by my signature I am indicating my understanding of the regulations set forth herein. Further, by my signature I am indicating my understanding and voluntary agreement to the Indemnification and Release of the City of Sharonville from any liability associated with this event/assembly on behalf of my organization.

SIGNATURE: _____ **DATE:** _____

APPROVED: _____ **DATE:** _____

Safety/Service Director, City of Sharonville