

THE CITY OF SAN DIEGO
Mission Trails Regional -- Park and Recreation
One Father Junipero Serra Trail, San Diego, CA 92119
Tel (619) 668-3275 Fax (619) 668-3282

Date permit issued:

Name and Address:

Permission is hereby granted to _____ to enter City owned open space in

Mission Trails for the purpose of _____

We understand the activity will take place on _____ Anticipated attendance is _____

Permission is granted subject to the following conditions:

1. The PERMITTEE at all time shall relieve, indemnify, protect, and save CITY and any and all of its boards, officers, agents, and employees harmless from any and all claims and demands, actions, proceedings, losses, liens, costs, judgments, civil fines and penalties of any nature whatsoever in regard to or resulting from the above described activity, including, but not limited to, expense incurred in legal action, death, injury, or damage that may be caused directly or indirectly by:
 - a. Any unsafe or defective condition in or on City of San Diego property while being utilized by the organized event of the PERMITTEE.
 - b. Any operation conducted by the PERMITTEE.
 - c. Any act, omission, or negligence on the part of the PERMITTEE, its employees, agents, sub lessees, invitees, licensees.
 - d. Any failure by the PERMITTEE to comply or secure compliance with any terms or conditions set by the CITY OF SAN DIEGO.
2. All personnel are to follow standard safety procedures for this type of operation.
3. All vehicles will remain on existing roadways.
4. Key, if issued, will be returned to this office. Gates to be re-locked upon entry or exit.

Key Issued: _____

In addition to those general rules and regulations listed above, the following conditions are imposed:

1. Notification to staff prior to beginning work. Staff liaison will be Ranger John M. Barone, 619-668-3276.

Sincerely,

We very much appreciate your generous offer to assist us in the stewardship of Mission Trails Regional Park.

Senior Park Ranger

I _____, understand and agree to follow all rules and regulations listed on this document, and certify that I am the duly qualified and authorized representative of the person or group to whom this permit is issued.

(Signed) _____

PLEASE SIGN TWO COPIES. RETURN ONE TO THE ADDRESS ABOVE AND RETAIN ONE FOR YOUR FILES. THANK YOU.