



**Bakersfield Southwest Baseball Inc.**  
**P.O. Box 21374**  
**Bakersfield, CA 93390-1374**

**AERA PARK RESERVATION APPLICATION**

Date(s) of Event(s): \_\_\_\_\_ Day(s) \_\_\_\_\_ Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_

Field Name / Number(s): \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone #: \_\_\_\_\_ Applicant Email Address: \_\_\_\_\_

Purpose/Type of Event(s): \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Open to Public: YES / NO Fundraiser: YES / NO\*

*\*Fundraisers must be non-profit – Admission fees to enter park and parking fees are not allowed.*

IN CONSIDERATION of my being permitted to use Aera Park, the risks of which are apparent to me, I hereby waive, release and discharge the City of Bakersfield, its Mayor, officers, employees, agents and assigns, and BSWB, Inc. from any and all claims for damage for personal injury, death or property damage which may occur to me as a result of my participation in this event. This release is intended to discharge in advance the foregoing parties from any and all liability arising out of, or in anyway connected with, said acceptance and receipt even though liability may arise out of the negligence or carelessness on the part of the persons or entities mentioned herein.

IT IS FURTHER UNDERSTOOD AND AGREED that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and hold free and harmless the foregoing parties from any loss, liability, damage, cost or expense which may incur as a result of any death, injuries, maintenance or property damage that may be sustained.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGN IT OF MY OWN FREE WILL.

**Applicant, for himself/herself or the above organization and all members thereof, agree to abide by the rules and regulations as set forth in the Bakersfield Municipal Code, Section 12.56.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
BSWB Representative

\_\_\_\_\_  
Date

**BSWB USE ONLY**

Dates Available: YES/NO Cert. of Ins. on File: YES / NO Application Approved: YES / NO Fields

Reserved on Schedule: YES / NO

Amount Due: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_