



Cassia County Resource Assistance Request

Note: If additional space is required for your response to any part of this application, you may attach additional paper. However, any attachments shall be clearly labeled for easy reference back to this application. Other information may be included to assist the county in its review and determination. Any incomplete or missing information, as requested below, will likely lead to denial of the request.

Event Information

Event Name: _____

Event Date/Time: _____

Event Location: _____

Estimated Attendance/Participation: _____

Sponsoring Organization Name: _____

Type of Entity: _____

Applicant/Event Organizer Information

Applicant Name/Title: _____

Applicant Address: _____

Applicant Telephone Numbers: _____

Applicant E-mail Address: _____

Emergency Contacts: _____

Event Description

Please provide a brief *description* of the event and *purpose* of the event:

Describe specific request of assistance from the County: *(Include in this request the number of officers needed, any specialized training, abilities, and/or equipment requirements for the event.)*_____

Insurance and Indemnification

- a. It is the responsibility of the Event organizer(s) to maintain a COMPREHENSIVE GENERAL LIABILITY insurance policy with coverage of not less than \$1,000,000.00 combined single limit per occurrence. Each policy shall be written as a primary policy, not contributing with or in excess of any coverage which the County may carry. A certificate naming Cassia County as additional insured shall be delivered to the Cassia County Commissioners with the letter of application. The adequacy of all insurance required by these provisions shall be subject to approval by the Board of County Commissioners, and the required coverage may be increased should the Board deem it appropriate. Failure to maintain any insurance coverage required by this agreement shall be cause for immediate termination of the County's involvement.*
- b. The Event Organizer shall provide a signed and notarized statement that provides that the Event Organizer shall indemnify and hold harmless Cassia County, Idaho, it's agents, elected and appointed officials, it's employees and authorized volunteers from and against all claims, damages, losses and expenses, including attorney's fees, arising out of the event or the conduct of Organizer's operation of the event if such claim (1) is attributable to personal injury, bodily injury, disease or death, or to injury to or destruction of property, including the loss of use there from, and (2) is not caused by any negligent act or omission, or willful misconduct of Cassia County, Idaho or its employees acting within the scope of their employment.*

Other Information for Applicant/Event Organizer

- a. The Applicant shall be responsible for hiring and paying off-duty law enforcement officers, or reimbursing the County for the costs of providing on-duty law enforcement officers, to appropriately police street closures or to provide any security needs.*
- b. After the application is received and reviewed by the County, the County will notify the Applicant of the cost estimates, if the application is approved.*
- c. Applicant will provide a notarized affidavit in which applicant agrees to comply with all other requirements of the City, County, State, Federal Government and any other applicable entity, which may pertain to the use of the Special Event venue and the conduct of the Special Event. Further, applicant shall certify that, on behalf of the Host*

Organization, applicant is authorized to commit that organization, and therefore agrees to be financially responsible for any costs and fees that may be incurred by or on behalf of the Special Event to Cassia County, Idaho.

- d. *The Applicant understands and agrees that Cassia County's participation in providing security needs and/or the policing of street closures for this event in no way implies that the County is, in any manner whatsoever, sponsoring or co-sponsoring this event.*

Dated: _____

Applicant/Event Organizer Signature

Applicant/Event Organizer Printed Name

If you have any questions about this application please contact:

**Cassia County Commissioner's Office
C O U R T H O U S E
1459 Overland Avenue, Room 210
Burley, ID 83318
208.878.7302 phone**

Affidavit of Indemnification and Compliance

1. I, _____,
(Applicant/Event Organizer)
am an authorized agent of (Event) _____,
for purpose of application for Special Event to Cassia County, Idaho.
2. That I am authorized to commit this organization to matters set forth in the application and the Affidavit.
3. That I, _____, and _____,
(Applicant/Event Organizer) (Event)
shall indemnify and hold harmless Cassia County, Idaho, its agents, elected and appointed officials, its employees and authorized volunteers from and against all claims, damages, losses and expenses, including attorney's fees, arising out of the event or the conduct of Organizer's operation of the event if such claim *(1) is attributable to personal injury, bodily injury, disease or death, or to injury to or destruction of property, including the loss of use there from, and (2) is not caused by any negligent act or omission, or willful misconduct of Cassia County, Idaho or its employees acting within the scope of their employment.*
4. I agree to comply with all other requirements of the City, County, State, Federal Government and any other applicable entity, which may pertain to the use of the Special Event venue and the conduct of the Special Event.
5. I certify that on behalf of _____,
I am authorized to commit this organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Special Event to Cassia County, Idaho.

Applicant/Event Organizer Signature

State of Idaho)
) S.S.
County of Cassia)

On this ____ day of _____, in the year of 20____, before me, _____

personally appeared _____, proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is (are) subscribed to the within instrument, and acknowledged that he(she) executed the same.

Notary: _____

S E A L

Residing in: _____

My Commission Expires: _____