



# Non-Profit Authorization Form

HH # \_\_\_\_\_ Approved: \_\_\_\_\_

Date: \_\_\_\_\_ Rec Trac: \_\_\_\_\_

*This form must be completed by authorized personnel or board representative*

**Non-Profit Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Non-Profit Tax ID #:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

This document certifies that the Board of Directors, or authorized personnel of the non-profit agency, has approved the following individual(s) to use this agency's non-profit status to book space at the London Nelson Community Center.

**Auth User:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Auth User:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Authorization for use of this non-profit organization's Tax Identification Number acknowledges that:

- The individuals listed are authorized to sign contracts and reserve space for events at the London Nelson Community Center; and
- The non-profit organization assumes full liability and responsibility for such bookings, as set forth below.

**Choose ONE of the following options:**

This authorization extends to the event listed below and/or the specific dates & times below.

\_\_\_\_\_

This authorization extends until \_\_\_\_\_ (no more than 1 year from today's date).

It is understood and agreed that the applicant assumes all risks of loss, damage, liability, injury, cost, or expense that may arise during, or be caused in any way by, the use of the facilities of the City of Santa Cruz. In consideration of being permitted to use said facilities, the applicant further agrees to indemnify, defend, and hold harmless the City of Santa Cruz and its employees from any and all loss, claims, liability, damages, or injuries to persons or property that may in any way be caused by the applicant's use or occupancy of said facilities.

I, the undersigned, hereby certify that I will be personally responsible, on behalf of the applicant, for any damage sustained by the grounds, buildings, furniture, or equipment occurring through the applicant's occupancy of said facilities.

As the representative of this event, I agree that during my/our use of this facility, I/we will not discriminate on the basis of disability. I, the undersigned, have read and agree to abide by the rules and regulations for facility use as listed in the supplemental materials. The terms of this agreement may not be altered or amended unless agreed to in writing by both the undersigned and the London Nelson Community Center. This agreement may not be orally amended or altered.

**Authorized User Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Authorized User Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_