



## WEST CHESTER TOWNSHIP Community Event Application

1. A Community Event Application must be completed by any individual group or organization requesting permission to host a community event on Township property and/or on public roadway, and must be fully approved prior to the event.
2. Community Event applications that involve closing Township roads for a period exceeding 72 hours must be submitted at least ninety (90) calendar days in advance of the first date of road closure.
3. Community Event applications that involve closing Township roads for a period not exceeding 72 hours must also include an application for a Temporary Road Closure Permit and must be submitted at least thirty (30) calendar days in advance of the first date of road closure.
4. West Chester Township reserves the right to approve or deny Community Event requests based on the information provided by the applicant, the resources required for the event and any other factors that would impact the Township.
5. A License Agreement approved by the West Chester Township Board of Trustees may be required for events that necessitate significant road closures and/or that involve large numbers of people.
6. Events that are private or ticketed must be clearly defined and described in this application.
7. Public event venues include Keehner Park Amphitheatre, Beckett Park and The Square @ Union Centre. **This application does not apply to the Muhlhauser Barn or the West Chester Baseball Complex.**
8. The following rules apply to all Township public event venues:
  - a) All Township park rules apply; see [www.WestChesterOH.org](http://www.WestChesterOH.org)
  - b) No signage promoting the event is permitted on park property in advance of the event without prior approval from Township
  - c) Fees or charges may be collected and donations may be solicited only with advance permission of the Township
  - d) No tents larger than 10x10 may be installed
  - e) Inflatable amusements (i.e. moon bounces), carnival rides, and petting zoos are not permitted without prior approval of the Township
9. The following use restrictions are specific to the venue:
  - A. **Keehner Park Amphitheatre**
    - a) Requires rental of the Amphitheatre shelter. View calendar for availability and rental
    - b) Use of amplification must not negatively impact other park users
    - c) Attendance limited to 200 people
    - d) Event must fall within park hours: dawn to dusk
    - e) No banners, decorations, etc. may be affixed in any manner to the Amphitheater









REQUEST FOR COMMUNITY EVENT

Permit for Temporary Road Closing (If applicable)

Incomplete forms will not be processed

Requested date(s) of closure: \_\_\_\_\_

Road closure start: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Event start time: \_\_\_\_\_

Road closure end: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Estimated daily attendance: \_\_\_\_\_

Event complete: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Estimated total attendance: \_\_\_\_\_

Location/street names: \_\_\_\_\_

Purpose of event: \_\_\_\_\_

Responsible person making request:

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

Contact # \_\_\_\_\_ Email address \_\_\_\_\_

NOTE: For traffic control devices, applicant must contact the Roads and Maintenance Division by Friday morning before the event to arrange for pick up (513) 777-8765 Monday through Friday, 7:30 a.m. to 4:00 p.m.

Request approved by:

Fire Department: \_\_\_\_\_ Date \_\_\_\_\_

Police Department \_\_\_\_\_ Date \_\_\_\_\_

Services \_\_\_\_\_ Date \_\_\_\_\_

After approval applicant may take this application to the Roads and Maintenance Division at 9577 Beckett Road to pick up traffic control devices

To be completed by the Roads Division:

Items Loaned: [ ] 6 Cones Other: \_\_\_\_\_ [ ] 1 Barricade

All items returned \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Signature of Roads Dept. Employee \_\_\_\_\_ Date \_\_\_\_\_

During the time of road closing, this approved Application should remain in applicant's possession and presented to a West Chester Township Police Officer upon request Return traffic control devices as soon as possible after event



REQUEST FOR COMMUNITY EVENT

Waiver and Release of Liability

EVENT NAME/TITLE: \_\_\_\_\_

EVENT ORGANIZATION/GROUP NAME: \_\_\_\_\_

EVENT DATE(S): \_\_\_\_\_

PERSON RESPONSIBLE: \_\_\_\_\_

ON BEHALF OF THE ABOVE ORGANIZATION/GROUP, I expressly WAIVE, RELEASE and DISCHARGE West Chester Township, its officers, agents, and employees or any other persons from any and all LIABILITY for any death, disability, personal injury, property damage, property theft or actions, including any alleged or actual negligent act or omissions, regardless of whether such act or omission is active or passive which may accrue to myself or members of my organization/group or our heirs in connection with our participation in the above described event. I fully understand and acknowledge that West Chester Township is relying on my representation that I have authorization to sign this document and that I will provide all members of my group a completed copy of this Waiver prior to our participation.

Applicant expressly INDEMNIFIES AND HOLDS HARMLESS West Chester Township, its employees officers, and assigns from and against any and all claims, liability, damage, or loss to person or property to the extent that such claim, liability, or loss arose out of or was in any way related to the Event or any act of Applicant, Applicant’s representatives, invitees, licensees or its utilization of Township’s infrastructure, employees, personnel, and resources referenced in this Application, together with all costs, expenses, and attorney fees incurred with respect to any such claim, demand, or legal proceeding made or brought against the Township. If any action or proceeding is brought against the Township by reason of any such occurrence, Applicant will reimburse Township for its attorney’s fees and costs.

I hereby certify that I have read this document, understand its content, and am authorized to sign this document on behalf of all members of the group I represent.

DATE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NUMBERS: Home Office Cell  
\_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

Return completed application plus any additional attachments & information to:  
West Chester Township • Integrated Multimedia & Marketing  
9113 Cincinnati Dayton Rd • West Chester OH 45069