



City of Lake Worth

Aquatics Division

Special Event Roster

Event / Activity: _____

Supervisor: _____

Location of Event: _____

Date: ____/____/____ **Start time:** ____ **End time:** _____

Please have all event volunteers sign in on the Special Event Roster Form

By signing in, each volunteer acknowledges agreement and understanding of the following statement. "I hereby waive, indemnify and hold harmless the City of Lake Worth from any and all claims and action whatsoever resulting from and injuries, damages or losses connected with my services in the activity."

Thank you for making a difference in our community though your efforts

Section/Facility Credited _____
Number of Volunteers _____
Total Hours Worked _____



City of Lake Worth
Aquatics Division
Beach Event Permit Application

Event / Activity: _____

Contact Name: _____ **Phone Number:** _____

Specific Location of Event: _____

Date: ____/____/____ **Start time:** _____ **End time:** _____

-----STOP HERE & TURN INTO RECREATION DEPARTMENT-----

RECEIVED BY: _____ DATE RECEIVED: _____

Comments: _____

PBSO
COMMENTS: _____

PBSO APPROVAL: _____ DATE: _____

PBCFR COMMENTS: _____

PBCFR APPROVAL: _____ DATE: _____

DIRECTORS APPROVAL SIGNATURE: _____ DATE: _____

EXPLANATION FOR DENIAL: _____