



**Fort Oglethorpe Planning and Zoning Office  
500 City Hall Drive  
Fort Oglethorpe, GA 30742**

**APPLICATION FOR SPECIAL EVENT PERMIT**

(Application Shall be filed at least 60 days prior to the date the event is scheduled)

Date of Application: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Event Name: \_\_\_\_\_ Event Location: \_\_\_\_\_

Event Start Date: \_\_\_\_\_ Event End Date: \_\_\_\_\_

Event Purpose and Description: \_\_\_\_\_

Expected Attendance No.: \_\_\_\_\_

Location: The outermost boundaries of the special event shall be fully and clearly delineated on a map, which shall be no smaller than 8 ½" x 11", and attached to the application for permit. All public street and/or sidewalks within and adjacent to such area(s) or public rights of way on which government services are impacted shall be clearly identified.

Liability Insurance Carrier: \_\_\_\_\_

Vendors: Attach a separate sheet listing all vendors with a description of conditions/limitations for each.

Temporary Structures: Attach a separate sheet listing all such structure with a description of each.

Temporary Banners/Signs: Attach a separate sheet listing all such banners/signs with a description of each.

Does Event Use Fireworks: <input type="radio"/> Yes <input type="radio"/> No	Is This A Public Event: <input type="radio"/> Yes <input type="radio"/> No	Is Admission Charged: <input type="radio"/> Yes <input type="radio"/> No
Will You Be Taking Donations: <input type="radio"/> Yes <input type="radio"/> No	Is This A Charity Event: <input type="radio"/> Yes <input type="radio"/> No	Will Alcohol Be Served: <input type="radio"/> Yes <input type="radio"/> No

The event organizer may be required to deliver written notice to all businesses and residents on or near the event site.

Organization/Applicant Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_

Secondary Contact Phone: \_\_\_\_\_

Secondary Contact Person Email: \_\_\_\_\_

List requests for any special City Services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Assumption of Risk and Waiver of Liability Relating to  
Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact and high contact surfaces. As a result, federal, state and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups and people.

**The City of Fort Oglethorpe** has put in place preventative measures to mitigate the spread of COVID-19; however, the City **cannot guarantee** that anyone will not become infected with COVID-19 when utilizing a City facility.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that those I am legally responsible for and myself may be exposed to or infected by COVID-19 during utilization of a City facility and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 by the utilization of a City facility may result from the actions, omissions, or negligence of myself and others, including but not limited to City employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to those I am legally responsible for and myself, including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense of any kind, that I or the party I am responsible for may experience or incur in connection with mine or his/her participation an activity conducted at a City Facility. On my behalf and on behalf of those I am legally responsible for, I hereby release, covenant not to sue, discharge, and hold harmless and indemnify the City, its employees, agents, and representatives, of and from any and all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the City, its employees, agents and representatives, whether a COVID-10 infection occurs before, during, or after utilization of a City facility.

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Signature of Participant or Parent/Guardian

Date

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Print Name of Participant or Parent/Guardian

Please provide a written COVID mitigation plan: \_\_\_\_\_

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# Fort Oglethorpe Special Event Permit Sign Off Sheet

Fort Oglethorpe Police Department: \_\_\_\_\_  
(Signature or Representative)

\_\_\_\_\_  
(Comments)

Catoosa County Fire Department: \_\_\_\_\_  
(Signature of Representative)

\_\_\_\_\_  
(Comments)

Public Works Department: \_\_\_\_\_  
(Signature of Representative)

\_\_\_\_\_  
(Comments)

Environmental Health: \_\_\_\_\_  
(Signature of Representative)

\_\_\_\_\_  
(Comments)

Building/Planning and Zoning Department: \_\_\_\_\_  
(Signature of Representative)

\_\_\_\_\_  
(Comments)

Public Utilities Department: \_\_\_\_\_  
(Signature of Representative)

\_\_\_\_\_  
(Comments)

Parks & Recreation Department: \_\_\_\_\_  
(Signature of Representative)

\_\_\_\_\_  
(Comments)