

**CARNIVAL/AMUSEMENT APPLICATION**  
**(please use black ink)**



\_\_\_\_\_ applies to conduct a  
(Name of applicant/organization)

\_\_\_\_\_ at  
(description of event)

\_\_\_\_\_  
(address/location of event)

Date(s) of the event: \_\_\_\_\_

Time(s) of event: FROM \_\_\_\_\_ TO \_\_\_\_\_

Percentage, if any, of the proceeds which will go to the following charitable/non-profit organization(s): \_\_\_\_\_

Will animals be exhibited? YES NO

If yes, attach copy of USDA Certificate of Compliance.

**Please submit with this application a site plan showing where the carnival pieces will be set up on the property as it relates to entrances/exits and buildings on the property.**

*I agree to abide by all terms and conditions on which this permit is issued.*

\_\_\_\_\_ Signature of Applicant

\_\_\_\_\_ Address

\_\_\_\_\_  
\_\_\_\_\_ Telephone Number

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FOR OFFICIAL USE ONLY

Insurance Certificate \_\_\_\_\_

\_\_\_\_\_ Fire Dept.  
\_\_\_\_\_ Police Dept.  
\_\_\_\_\_ Animal Control

Hold Harmless Agreement \_\_\_\_\_

CITY OF KILLEEN  
**Release of Claims & Waiver of Liability**

Activity: \_\_\_\_\_  
(description of event)

I, \_\_\_\_\_, do hereby release and forever discharge the City of Killeen, and its elected officials, officers and employees, in both their public and private capacities, as well as its agents, contractors, related corporations, insurers, successors, and assigns of and from any and all liability, actions, claims, suits, causes of actions, demands, damages, attorney fees, costs, expenses, compensation, loss of service, judgments and executions, all known and unknown, foreseen and unforeseen, bodily and personal injuries and property damages, and the consequences thereof, which may arise or result from my participation in the above described activity.

**This waiver is intended to cover all acts or omissions of the City of Killeen, and its elected officials, officer and employees, regardless of whether such act or omission is the result of an intentional, reckless, grossly negligent, or negligent act. By signing this waiver, it is my intent to bind my heirs, executors, administrators and assigns.**

The scope of this release extends to matters known now and those that become known or manifest themselves in the future. I assume all responsibility for my participation in the above-described activity and do hereby state that I am physically able to participate and have not been advised by a physician and/or medical authority against activity of this type. I, further declare and represent that no promise, inducement, or agreement not herein contained or expressed has been made to me, and that this release contains the entire agreement between the parties hereto, and that the terms of this release are contractual and not merely a recital.

I have read this document and understand all its terms and contents. I execute it voluntarily, and I specifically affirm and warrant that I fully understand all matters set forth herein.

Executed the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature: \_\_\_\_\_

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

Home: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_

**SWORN TO AND SUBSCRIBED** before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public in and for the State of Texas

In case of emergency, notify: Name \_\_\_\_\_ Phone \_\_\_\_\_