



1442 Jackson Avenue  
P.O. Box 1007  
Chipley, Florida 32428  
(850) 638-6350 Fax: (850) 638-6318



## City of Chipley

### Special Event Application

Name/Organization: Early Learning Coalition of Northwest Florida (ELCNWF)

Address: 4636 US-90, Suite P, Marianna, FL 32446

Contact person: Tami Valdez Phone: 850-6258882 Fax: 850-757-5450

E-mail: Tami.Valdez@elcnwf.org

Type of Event: Outdoor Children's Art Festival

Purpose of Event: To provide a free, outdoor festival targeted to families with children ages birth-12 years old. The focus will be on Children and the Arts  
ArtKidDoo in the Park

Location of Event: Shiver's Park Indoors  **Outdoors**

Date(s) & Time(s) of Event: Saturday February 17, 2024. 11am-3pm

Amount of Liability Insurance: 1,000,000.00 (attach copy of policy)

Concert Yes/ No  If yes, What type of music? We may have a dj, if permissible

Will food and nonalcoholic beverages be sold? We are hoping to get all food donated.

Will fireworks be displayed? Yes/ No  If yes, provide name, license number and pyrotechnic plan to be approved by Fire Chief.

Will amusement rides be available? NO

Number of participants anticipated per day: 700

Are security and/or medical services provided? If required.

Applicant Signature: Tami Valdez Date: 10/23/2023

Approved [ ] Denied [ ]

Mayor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE AND HOLD HARMLESS AGREEMENT**

FOR THE SOLE CONSIDERATION OF the City of Chipley granting permission for the undersigned to conduct a Children's Art Festival upon street(s) as provided for in it's letter of request, the undersigned agrees to indemnify and hold harmless the City of Chipley, it's successors, agents and assigns and all other persons, firms or corporations, from any and all claims, demands, damages, actions, causes of actions or suits of any kind or nature whatsoever, and particularly on account of all injuries, both to person and property, which may result from the use of the street(s) as described above, and releases and forever discharges the City of Chipley, for any such Claims.

Undersigned hereby declares that the terms of this agreement and lease have been completely read and are fully understood and voluntarily accepted.

IN WITNESS WHEREOF, the undersigned has executed this release, this 15 day of Nov, 2023.

FIRM OR ORGANIZATION: EARLY LEARNING COALITION OF NW FLORIDA

[Signature]  
Signature

Suzan Gage  
Print Name

[Signature]  
Witness

[Signature]  
Witness

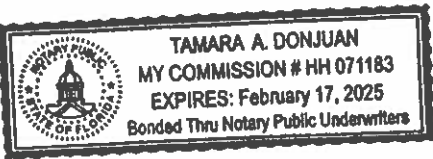
TAMARA DONJUAN  
Print Name

Dan Miner  
Print Name

STATE OF FLORIDA  
COUNTY OF WASHINGTON

The foregoing instrument was acknowledged before me by Suzan Gage, who is personally known to me or who produced PERSONALLY KNOWN as identification, and who executed the foregoing instrument and acknowledged before me that he/she executed the same freely and voluntarily and for purposes expressed therein.

Witness my hand and seal in the County and State last aforesaid this 15 day of Nov, 2023.



[Signature]  
Notary Public