



# City of Chipley



## CITY HALL

1442 Jackson Avenue

P.O. Box 1007

Chipley, Florida 32428

(850) 638-6350 Fax: (850) 638-6353

## Special Event Application

Name/Organization: Community Easter Egg Hunt

Address: P.O. Box 242

Contact person: Sherri Biddle Phone: 850-596-2980 Fax: \_\_\_\_\_

E-mail: sherribiddle176@hotmail.com

Type of Event: Community Easter Egg Hunt

Purpose of Event: A community outreach to provide a safe egg hunt for the children of the community.

Location of Event: Shivers Park \_\_\_\_\_ Indoors/Outdoors

Date(s) & Time(s) of Event: Wednesday, April 1, 2026 5:30 p.m. to 6:30 p.m.

Amount of Liability Insurance: \_\_\_\_\_ (attach copy of policy)

Concert Yes/No If yes, What type of music? \_\_\_\_\_

Will food and nonalcoholic beverages be sold? Food and drink will be given free of charge.

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: 300

Are security and/or medical services provided? Will be handled by volunteers.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 Community Easter Egg Hunt 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 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 \_\_\_\_\_ day of \_\_\_\_\_, 20 26.

**FIRM OR ORGANIZATION:** Chipley Community Easter Egg Hunt

|                     |                     |
|---------------------|---------------------|
| _____<br>Signature  | _____<br>Print Name |
| _____<br>Witness    | _____<br>Witness    |
| _____<br>Print Name | _____<br>Print Name |

**STATE OF FLORIDA  
COUNTY OF WASHINGTON**

The foregoing instrument was acknowledged before me by \_\_\_\_\_, who is personally known to me or who produced \_\_\_\_\_ as identification, and who executed the foregoing instrument and acknowledge 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 \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public