City Manager

April 12, April 27, May 12, June 11, June 15, June 22, August 16, August 21, August 23

AGREEMENT TO USE THE CITY OF FRESNO STADIUM SKYBOX LUXURY SUITE NO. 23 AND GRIZZLIES TICKETS FOR CALENDAR YEAR 2024

In consideration of the limited and revocable use rights granted by the City of Fresno ("City") for the use of the City Stadium Luxury Suite No. 23 and Grizzlies Tickets (collectively "Skybox"), the undersigned designated user, individually and on behalf of those using the Skybox with the permission of the Designated User (collectively "Designated User"), agrees to abide by and be responsible for the following:

- 1. Designated User shall comply with Resolution No. 2020-57 limiting the use of the Skybox for official City business and with City Manager's Policy, which are attached.
- 2. Designated User shall be primarily responsible to the City for (i) any damage to the Skybox, and (ii) costs and expenses arising from use of the Skybox.
- 3. Prior to incurring any Skybox concession costs, the Designated User shall identify to the concessionaire the source of payment.
- 4. The City shall not be responsible for any costs, expenses, claims or liabilities arising from the use of the Skybox by the Designated User, unless otherwise required by law or consented to in writing by the City.
- 5. The City makes no representation or warranty regarding any disclosure and/or taxation requirements arising from the use of the Skybox, and will consult with its legal counsel, or the City Attorney's Office, as appropriate.
- 6. In its use of the Skybox, Designated User shall not discriminate on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, sexual orientation, ethnicity, status as a disabled veteran or veteran of the Vietnam era.
- 7. Designated User shall reasonably furnish to City such statements, records, reports, data, and information as City may request pertaining to use of the Skybox.

8. Designated User agrees to assume all risks inherent in using the Skybox, and shall indemnify, hold harmless and defend the City from any and all loss, liability, fines, penalties,

Place initials here to acknowledge receipt of 7 Grizzlies Game Packets for the 2024 season.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form City of Fresno For Official Use Only Division, Department, or Region (if applicable) **General Services Department** Designated Agency Contact (Name, Title) Chris Palacios, Management Analyst II Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 559-621-1129 Chris.Palacios@fresno.gov Date of Original Filing: _ (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🗌 Event Description: Fresno Grizzlies Baseball Skybox Date(s) ___06 Provide Title/ Explanation If no: _Fresno Baseball, LLC Ticket(s)/Pass(es) provided by agency? Yes No No Name of Source Chris Palacios, Management Analyst II Was ticket distribution made at the behest Yes ■ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to Identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes | 24 +125 Le parkin

4. Verification

Comment:

I have read and understand FPPC Regul	lations 18944.1 and 18942. I have t	verified that the distribution set forth abo	ove, is in accordance
with the requirements.	11 - 1 .0/	Dr has 10/10	Mand Jad
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Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
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FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)