TARRANT COUNTY EMERGENCY SERVICES DISTRICT NO. 1
4900 River Oaks Boulevard, River Oaks, Texas 76114 • (682) 463-7215 • www.tarrantesd1.org

TARRANT COUNTY EMERGENCY SERVICES DISTRICT NO. 1
EVENT STANDBY REQUEST FORM

"Event Stand-by" any event where Fire and/or EMS Support is requested to be dedicated on-site, respond to, and care for emergencies such as sporting events, graduation ceremonies, 5K run/walks, car shows, parades, fireworks, or any other public event or activity.

EVENT STANDBY FEE SCHEDULE:

This fee schedule establishes standardized rates for fire suppression and emergency medical standby services provided by TCESD1. A minimum of 4 hours is required for all events. *Time begins when units leave quarters and ends upon return to service.*

Ambulance - $150/hour + (2) Personnel = $300/hour	TOTALS: $300/hour X 4 hours minimum = $1,200
Gator/Polaris - $100/hour + (2) personnel = $250/hour	TOTALS: $250/hour X 4 hours minimum = $1,000
Marine Unit- $100/hour + (3) personnel = $325/hour	TOTALS: $325/hour X 4 hours minimum = $1,300
Fire Engine - $200/hour + (3) personnel = $425/hour	TOTALS: $425/hour X 4 hours minimum = $1,700
Brush/Utility Unit - $150/hour + (2) personnel = $300/hour	TOTALS: $300/hour X 4 hours minimum = $1,200
Command Unit - $100/hour + (1) personnel = $175/hour	TOTALS: $175/hour X 4 hours minimum = $700

REQUESTOR INFORMATION

Organization/Event Name: _____

Primary Contact:_____

Phone: _____ Email: _____

Billing Address: _____

EVENT DETAILS

Event Name: _____

Event Type (festival, sporting event, concert, etc.): _____

Event Location: _____

Event Date(s): _____ Start Time: _____ End Time: _____

Estimated Attendance: _____

Will alcohol be served?	☐ Yes	☐ No
Is this event outdoors?	☐ Yes	☐ No

REQUESTED SERVICES

(Check all that apply)

☐ ALS Ambulance	☐ BLS Ambulance	☐ EMS Personnel
☐ Engine Company	☐ Brush/Utility Unit	☐ Fire Personnel
☐ Gator/Polaris	☐ Marine Unit	☐ Command Staff

☐ Other: _____

☐ Special Considerations (heat, fireworks, high-risk activity, etc.):

_____

_____

_____

_____

SITE INFORMATION

Access Instructions for Emergency Vehicles:_____

_____

Staging Area Location:_____

_____

Nearest Major Intersection: _____

BILLING & AGREEMENT

☐ I acknowledge that this request is subject to approval and staffing availability

☐ I agree to comply with the TCESD1 Event Standby Fee Schedule

☐ I understand emergency calls take priority over standby coverage

AUTHORIZATION

Name: _____

Signature:_____ Date:_____

INTERNAL USE ONLY (TCESD1)

Approved By: _____ Title: _____

Assigned Resources: _____

Minimum Hours Applied: _____ Estimated Cost: _____

Invoice Number:_____ Date Payment Received: _____

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TARRANT COUNTY EMERGENCY SERVICES DISTRICT NO. 1
EVENT STANDBY SERVICES AGREEMENT

This Agreement is entered into by and between Tarrant County Emergency Services District No. 1 (TCESD1), hereinafter referred to as "District," and the undersigned Event Organizer, hereinafter referred to as "Client."

PURPOSE

The purpose of this Agreement is to provide fire suppression and/or emergency medical standby services for a scheduled event in order to enhance public safety.

EVENT INFORMATION

Event Name: _____

Event Location: _____

Event Date: _____ Event Time: _____

Estimated Attendance: _____

SERVICES PROVIDED

TCESD1 agrees to provide the following (check all that apply):

☐ ALS Ambulance ☐ BLS Ambulance ☐ EMS Personnel
☐ Engine Company ☐ Brush/Utility Unit ☐ Fire Personnel
☐ Gator/Polaris ☐ Marine Unit ☐ Command Staff
☐ Other: _____

Final staffing levels shall be determined by TCESD1 based on event size, risk, and operational considerations

FEES AND BILLING

Client agrees to pay for services in accordance with the TCESD1 Event Standby Fee Schedule, including:

- Hourly rates as adopted by the District
- Minimum 3-hour charge
- Additional personnel/equipment as assigned
- Travel or specialty equipment fees if applicable

Payment Terms:

- Pre-payment is required for private events unless otherwise approved
- Invoices are due within 30 days
- Late payments may be subject to additional fees

CANCELLATION POLICY

- Cancellation within 24 hours of the event will result in a 50% charge
- Cancellation within 12 hours may result in a full minimum charge

EMERGENCY RESPONSE PRIORITY

Client acknowledges that TCESD1 is an emergency response agency. Assigned units may be reassigned to emergency incidents at any time, without notice, if required to protect life and property.

TCESD1 is not liable for temporary or complete interruption of standby services due to emergency response obligations.

CLIENT RESPONSIBILITIES

Client agrees to:

- Provide safe access and staging areas for emergency units
- Maintain clear ingress/egress routes at all times
- Provide crowd control and security as necessary
- Comply with all applicable fire and safety codes

INDEMNIFICATION

To the extent allowed by law, Client agrees to indemnify and hold harmless TCESD1, its officers, employees, and agents from any claims, damages, or liabilities arising from the event, except those caused by the sole negligence of the District.

INSURANCE (IF REQUIRED)

TCESD1 may require proof of general liability insurance for certain events, naming the District as an additional insured.

ENTIRE AGREEMENT

This document constitutes the entire agreement between the parties and supersedes all prior discussions or agreements.

AUTHORIZATION- CLIENT (EVENT ORGANIZER)

Name: _____ Organization: _____

Phone:_____ Email: _____

Signature:_____ Date:_____

TCESD1 AUTHORIZATION

Name: _____ Title: _____

Signature:_____ Date:_____