



## FACILITY USE PERMIT APPLICATION ATHLETICS

<b>Organization and/or Individual Information</b>	<i>Organization Name &amp; Address:</i> _____ _____ _____	<i>Today's Date:</i>  
	<i>Contact Name &amp; Address:</i> _____ _____ _____	<i>Contact Phone:</i> (____) _____  <i>Contact Email:</i> _____ _____
	<i>Comments:</i> _____ _____ _____ _____	

<b>Facility and/or Field Requested</b>  <b>Includes:</b> Westover Pool Gymnasium(s) Athletic Fields Basketball Courts & Tennis Courts	<i>Facility Requested:</i> (Park or Facility Name)	<i>Purpose:</i> (Tournament, games, practices, meets, camp, clinic etc.)	<i>Number of Fields/Courts /Lanes Requested:</i>
	<i>Number of Teams:</i>	<i>Number of Participants on Each Team:</i>	<i>Expected Number of Attendees on Site at One Time:</i>
	<i>Season/Tournament Begin Date:</i>	<i>Requested Days/Times of the Week:</i> Attach schedule to this form	
	<i>Season/Tournament End Date:</i>	<b>Monday:</b> Begin Time: _____    End Time: _____ Begin Time: _____    End Time: _____ <b>Tuesday:</b> Begin Time: _____    End Time: _____ Begin Time: _____    End Time: _____ <b>Wednesday:</b> Begin Time: _____    End Time: _____ Begin Time: _____    End Time: _____ <b>Thursday:</b> Begin Time: _____    End Time: _____ Begin Time: _____    End Time: _____ <b>Friday:</b> Begin Time: _____    End Time: _____ Begin Time: _____    End Time: _____ <b>Saturday:</b> Begin Time: _____    End Time: _____ Begin Time: _____    End Time: _____ <b>Sunday:</b> Begin Time: _____    End Time: _____ Begin Time: _____    End Time: _____	
<i>Lights:</i> When applicable:  <ul style="list-style-type: none"> <li>● Lights will be set to turn on 15 minutes prior to begin time.</li> <li>● Lights will be set to turn off 15 minutes after end time.</li> </ul>			

<p style="text-align: center;"><b>Facility Insurance Requirements</b></p>	<p><b>Applicant Name (Organization or Individual):</b> _____</p> <p><b>Insurance is being submitted for:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Athletic League Play (Games/Meets/Practices)</b></li> <li><input type="checkbox"/> <b>Athletic Camp/Clinic</b></li> <li><input type="checkbox"/> <b>Athletic Tournament/Competition</b></li> </ul> <p>Without limiting PERMIT APPLICANT’S indemnification of the CITY, and during the term of this Agreement, PERMIT APPLICANT shall provide and maintain at its own expense the below described programs of insurance. Such programs and evidence of insurance shall be satisfactory to the CITY and be with an insurer with an A.M Best rating of A- or better.</p> <p>Certificates or other evidence of coverage shall be delivered via email, fax or US mail to:</p> <p style="text-align: right;"><b>City of Harrisonburg 409 S. Main Street Harrisonburg, VA 22801</b></p> <p><b>Certificate Holder should read:</b></p> <p>Such certificates or other evidence of coverage must be delivered prior to commencing performance under this Permit and shall contain the express condition that the CITY is to be given written notice of at least thirty (30) days in advance of any cancellation, non-renewal or material change of any insurance policy.</p>						
	<p><b>Applicants are required to evidence the following Insurance to the City:</b></p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><u><i>Insurance Coverage Type</i></u></th> <th style="text-align: left;"><u><i>Limit of Liability Required</i></u></th> </tr> </thead> <tbody> <tr> <td><b>Commercial General Liability</b></td> <td>Each Occurrence \$1,000,000 Aggregate \$2,000,000</td> </tr> <tr> <td><b>Workers Compensation</b></td> <td>May be required of applicants with 3 or more employees.</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>● All insurance policies evidenced to the City shall name the City of Harrisonburg as an Additional Insured</li> <li>● Additional Insured Endorsement issued by the insurance company to show the Additional Insured addition was made to the policy.</li> <li>● The City of Harrisonburg reserves the right to require additional types of insurance coverage or higher limits of liability for any event. This determination will be made by the Risk Manager.</li> </ul>	<u><i>Insurance Coverage Type</i></u>	<u><i>Limit of Liability Required</i></u>	<b>Commercial General Liability</b>	Each Occurrence \$1,000,000 Aggregate \$2,000,000	<b>Workers Compensation</b>	May be required of applicants with 3 or more employees.
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<b>Workers Compensation</b>	May be required of applicants with 3 or more employees.						
<p style="text-align: center;"><b>If Applicant Does Not Have Insurance</b></p>	<p><b>Alternatively, Applicants may obtain liability insurance through a TULIP (Tenant User Liability Insurance Program) established by the City. Go to:</b></p> <ol style="list-style-type: none"> <li><b>1. <a href="https://tulip.onebeaconentertainment.com/e/tulip/apply.aspx">https://tulip.onebeaconentertainment.com/e/tulip/apply.aspx</a></b></li> <li><b>2. Enter facility code: 4750-163</b></li> <li><b>3. Describe event or activity from drop-down menu options</b></li> </ol>						
<p style="text-align: center;"><b>Additional Information and Documents Required</b></p>	<p><b><i>Attach the following information and documents:</i></b></p> <ul style="list-style-type: none"> <li>● Practice/Game/Event Schedule</li> <li>● Certificate of Liability Insurance</li> <li>● Additionally Insured Endorsement</li> </ul>						

<b>Tournament Directors Must Complete This Section</b>	<b><i>Is the event open to the public?</i></b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b><i>Is this event a fundraiser?</i></b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b><i>Beneficiary?</i></b> <hr/> <b><i>Donations requested?</i></b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b><i>Entertainment Activities?</i></b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b><i>List Type of Entertainment:</i></b> <hr/> <hr/> <hr/>
	<b><i>Food Vendors:</i></b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b><i>Admission fees or Tickets required?</i></b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b><i>Lights Needed?</i></b> <input type="checkbox"/> YES <input type="checkbox"/> NO

The undersigned hereby acknowledges that a copy of the ***Athletic Facility Use Policy*** containing the rules and regulations for use of facilities owned and/or managed by the City of Harrisonburg Parks and Recreation Department has been received and read. The undersigned understands and agrees to abide by these rules & regulations governing the usage of the Facility being rented.

The undersigned person executing this Application on behalf of the Applicant represents and warrants that he/she has full authority to sign this Application on behalf of the Applicant and that he/she has the authority to fully bind the Applicant to the terms and conditions set forth in this Application and the Athletic Facility Use Policy.

\_\_\_\_\_  
 Print Name of Authorized Signatory

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Sign Name of Authorized Signatory

\_\_\_\_\_  
 Title

<b><u>Internal Use only:</u></b>	<b>Approved:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Permit #</b> _____
Date Received: _____	Date of Rental: _____	Date Insurance Submitted: _____
Security Deposit: _____	Rental Fee: _____	Date Insurance Approved: _____
Fees Paid (circle one): <b>Yes</b> <b>No</b>		
Insurance Compliance Documentation is Attached (circle one): <b>Yes</b> <b>No</b>		
Facility Supervisor: _____	_____	_____
Print Name		Signature
Date: _____		