

FACILITY USE PERMIT APPLICATION ATHLETICS

Organization and/or Individual Information	Organization Name & Address:			Today	's Date:
	Contact Name & Address:			Contact Phone:	
				Cont	act Email:
	Comments:				
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Facility and/or Field Requested	Facility Requested: (Park or Facility Name)	,	Purnament, games, practices, ets, camp, clinic etc.) Number of Fields/Cou/Lanes Requested:		
Includes: Westover Pool Gymnasium(s) Athletic Fields	Number of Teams:	Number of Participants on Each Team:			Number of Attendees One Time:
Basketball Courts	Season/Tournament Begin	Requested Days/Times of the Week:			
Tennis Courts	A 1 . 1 . 1 . 1 . 1			orm	
Pickleball Courts		Monday:	Begin Time:		End Time:
Golf Course			Begin Time:		End Time:
Futsal Courts	Season/Tournament End Date:	Tuesday:	Begin Time:		End Time:
- 4.00.			Begin Time:		End Time:
		Wednesday:	Begin Time:		End Time:
	Lights:		Begin Time:		End Time:
	When applicable:	Thursday:	Begin Time:		End Time:
	when applicable:		Begin Time:		End Time:
	• Lights will be set to turn on 15	Friday: Begin Time:			End Time:
	minutes prior to begin time.	Begin Time:		End Time:	
	minutes prior to begin time.	Saturday:	Begin Time:		End Time:
	Lights will be set to turn off 15 minutes after end time.		Begin Time:		End Time:
		Sunday:	Begin Time:		End Time:
	initiates after end unic.		Begin Time:		End Time:

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Facility Insurance Requirements	Applicant Name (Organization or Individual): Insurance is being submitted for: Athletic League Play (Games/Meets/Practices) Athletic Camp/Clinic Athletic Tournament/Competition 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.					
	Certificates or other evidence of coverage shall be delivered via email, fax or US mail to:					
	Certificate Holder should read:	City of Harrisonburg 409 S. Main Street Harrisonburg, VA 22801				
	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 least thirty (30) days in advance of any cancellation, non-renewal or material change of any insurance policy. Applicants are required to evidence the following Insurance to the City:					
	Insurance Coverage Type Commercial General Liability	Limit of Liability Required Each Occurrence \$1,000,000 Aggregate \$2,000,000				
	Workers Compensation	May be required of applicants with 3 or more employees.				
	 All insurance policies evidenced to the City shall name the City of Harrisonburg as an Additional Insured Additional Insured Endorsement issued by the insurance company to show the Additional Insured addition was made to the policy. 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. 					
If Applicant Does Not Have Insurance	Alternatively, Applicants may obtain liability insurance through a TULIP (Tenant User Liability Insurance Program) established by the City. Go to: 1. https://app.gatherguard.com/?f=4750 2. Follow instructions on specifying type of event or activity 3. When specifying venue, click the "Search for a venue" tab 4. Search for "City of Harrisonburg" and click the "Harrisonburg City Manager, South Main Street" option					
Additional Information and Documents Required	 Attach the following information and docum Practice/Game/Event Schedule Certificate of Liability Insurance Additionally Insured Endorsement 	nents:				

Tournament Directors Must Complete This Section	Is the event open to the public? ☐ YES ☐ NO	Beneficiary? Donations requeste	NO □ YES □ NO List Type of Entertainment:			
	Food Vendors: □ YES □ NO	Admission fees or Trequired?	Tickets Lights Needed? YES NO			
The undersigned hereby acknowledges that a copy of the <i>Athletic Facility Use Policy</i> 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 Print Name of Authorized Signatory						
Sign Name of Authorized Signatory			Title			
Internal Use only	: Approved:	□ YES □ NO	Permit #			
Date Received:	Date of Rental	:	Date Insurance Submitted:			

Rental Fee: _____

Yes

No

Signature

Security Deposit:

No

Insurance Compliance Documentation is Attached (circle one):

Print Name

Date:

Yes

Fees Paid (circle one):

Facility Supervisor: ____

Date Insurance Approved: _____