



FACILITY USE PERMIT APPLICATION ATHLETICS

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

Facility and/or Field Requested Includes: Westover Pool Gymnasium(s) Athletic Fields Basketball Courts Tennis Courts Pickleball Courts Golf Course Futsal 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>	Monday: Begin Time: _____ End Time: _____ Begin Time: _____ End Time: _____ Tuesday: Begin Time: _____ End Time: _____ Begin Time: _____ End Time: _____ Wednesday: Begin Time: _____ End Time: _____ Begin Time: _____ End Time: _____ Thursday: Begin Time: _____ End Time: _____ Begin Time: _____ End Time: _____ Friday: Begin Time: _____ End Time: _____ Begin Time: _____ End Time: _____ Saturday: Begin Time: _____ End Time: _____ Begin Time: _____ End Time: _____ Sunday: Begin Time: _____ End Time: _____ Begin Time: _____ End Time: _____	
<i>Lights:</i> When applicable: <ul style="list-style-type: none"> ● Lights will be set to turn on 15 minutes prior to begin time. ● Lights will be set to turn off 15 minutes after end time. 			

<p>Facility Insurance Requirements</p>	<p>Applicant Name (Organization or Individual): _____</p> <p>Insurance is being submitted for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Athletic League Play (Games/Meets/Practices) <input type="checkbox"/> Athletic Camp/Clinic <input type="checkbox"/> Athletic Tournament/Competition <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;">City of Harrisonburg 409 S. Main Street Harrisonburg, VA 22801</p> <p>Certificate Holder should read:</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>Applicants are required to evidence the following Insurance to the City:</p> <table border="0" style="width: 100%;"> <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>Commercial General Liability</td> <td>Each Occurrence \$1,000,000 Aggregate \$2,000,000</td> </tr> <tr> <td>Workers Compensation</td> <td>May be required of applicants with 3 or more employees.</td> </tr> </tbody> </table> <ul style="list-style-type: none"> ● 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. 	<u><i>Insurance Coverage Type</i></u>	<u><i>Limit of Liability Required</i></u>	Commercial General Liability	Each Occurrence \$1,000,000 Aggregate \$2,000,000	Workers Compensation	May be required of applicants with 3 or more employees.
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Commercial General Liability	Each Occurrence \$1,000,000 Aggregate \$2,000,000						
Workers Compensation	May be required of applicants with 3 or more employees.						
<p>If Applicant Does Not Have Insurance</p>	<p>Alternatively, Applicants may obtain liability insurance through a TULIP (Tenant User Liability Insurance Program) established by the City. Go to:</p> <ol style="list-style-type: none"> 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 						
<p>Additional Information and Documents Required</p>	<p><i>Attach the following information and documents:</i></p> <ul style="list-style-type: none"> ● Practice/Game/Event Schedule ● Certificate of Liability Insurance ● Additionally Insured Endorsement 						

