FACILITY USE PERMIT APPLICATION
ATHLETICS

Organization and/or Individual Information	***Organization Name & Address:***	***Today's Date:***
	Contact Name & Address:	***Contact Phone:*** ( ) ***Contact Email:***
	Comments:	

Facility and/or Field Requested **Includes:** Westover Pool Gymnasium(s) Athletic Fields Basketball Courts Tennis Courts Pickleball Courts Golf Course Futsal Courts	***Facility Requested:*** (Park or Facility Name)	***Purpose:*** (Tournament, games, practices, meets, camp, clinic etc.)	***Number of Fields/Courts /Lanes Requested:***
	Number of Teams:	***Number of Participants on Each Team:***	***Expected Number of Attendees on Site at One Time:***
	Season/Tournament Begin Date: ***Season/Tournament End Date:*** ***Lights:*** When applicable: ● 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.	***Requested Days/Times of the Week:*** Attach schedule to this form **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:____	

<table>
<tr><td>Facility Insurance Requirements</td><td>
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 at least thirty (30) days in advance of any cancellation, non-renewal or material change of any insurance policy.
</td></tr>
<tr><td></td><td>
Applicants are required to evidence the following Insurance to the City:

<table>
<tr><td><u>Insurance Coverage Type</u></td><td><u>Limit of Liability Required</u></td></tr>
<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>
</table>
● 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.
</td></tr>
<tr><td>If Applicant Does Not Have Insurance</td><td>
Alternatively, Applicants may obtain liability insurance through a TULIP (Tenant User Liability Insurance Program) established by the City. Go to:
1. <u>https://app.gatherguard.com/?f=4750</u>
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
</td></tr>
<tr><td>Additional Information and Documents Required</td><td>
Attach the following information and documents:

● Practice/Game/Event Schedule
● Certificate of Liability Insurance
● Additionally Insured Endorsement
</td></tr>
</table>

Tournament Directors Must Complete This Section	***Is the event open to the public?*** ☐ YES ☐ NO	***Is this event a fundraiser?*** ☐ YES ☐ NO ***Beneficiary?*** _____ ***Donations requested?*** ☐ YES ☐ NO	***Entertainment Activities?*** ☐ YES ☐ NO ***List Type of Entertainment:*** _____ _____ _____
	Food Vendors: ☐ YES ☐ NO	***Admission fees or Tickets required?*** ☐ YES ☐ NO	***Lights Needed?*** ☐ YES ☐ 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

Internal Use Only:

Notes:

Internal Use Only: **Approved:** ☐ YES ☐ NO **Permit #** _____

Date Received: _____ Date of Rental: _____ Date Insurance Submitted: _____

Security Deposit: _____ Rental Fee: _____ Date Insurance Approved: _____

Fees Paid (circle one): **Yes** **No**

Insurance Compliance Documentation is Attached (circle one): **Yes** **No**

Facility Supervisor: _____ _____
Print Name Signature

Date: _____