

Special Event Regulations

Tournaments, Camps and Other Special Events

1. All Park District Rules and Regulations must be followed by organizers, volunteers and participants at all times.
2. No person or company may use the parks for commercial purposes, without the specific written permit of the Centerville-Washington Park District (CWPD). Once granted, the permit is nontransferable and must be in the representative's possession while on park property, during the event.
3. It should be clearly understood that CWPD and its Board of Park Commissioners in no way endorses any product or service connected with the event.
4. The holder of the permit is liable for any and all damage to parks or park property.
5. No vehicles are permitted on grass, sidewalks, or other park areas not designated as vehicle parking areas unless noted on the permit by Park District personnel, prior to the event.
6. The permit does not give exclusive use of the park; therefore, the park must remain open to the public.
7. If any emergency should arise during the event, call 911.
8. NO REFUNDS. Refunds are not given, other than if the cancellation is due to inclement weather that prohibits the event from taking place. However, if cancellation is necessary, for reasons other than inclement weather, a new date will be scheduled within one year of the scheduled date(s), provided the notification to CWPD is made within seven business days of the scheduled event. Costs incurred for rentals, such as port-a-johns or trash dumpsters cannot be refunded due to inclement weather or cancellations after the cancellation deadline.
9. ANY MISUSE OF PARK PROPERTY OR FAILURE TO COMPLY WITH PARK DISTRICT RULES AND REGULATIONS WILL RESULT IN REVOCATION OF THIS PERMIT AND NO REFUND OF ANY FEE(S).

Release of Liability

The Centerville-Washington Park District reserves the right to require a surety bond and deposit for any event.

LIABILITY INSURANCE

Proof of Insurance is required. The organization agrees to forward a **Certificate of Insurance with the Centerville-Washington Park District named as an additional insured** to: Centerville-Washington Park District, 221 North Main Street, Centerville, OH 45459 or Fax to 937-433-6564.

(See attached example at end of form.)

Name of Liability Insurance Carrier Agency: _____

Phone: _____ Agent's Name: _____

Limits of Liability: _____

General Requirements and Conditions

Due to the nature of athletic games, permit holders must be flexible about starting times if the previous game runs longer than anticipated.

The CWPD reserves the right to publish photos taken on Park District property.

Field Status can be viewed on the CWPD website at www.cwpd.org. All events will follow the field conditions listed on the field status page. When it is indicated that a field, diamond or facility is closed, events are not to take place, under any circumstances. If a group plays or practices on a closed field they will be subject to pay a \$200 fine plus damages and may be subject to a 1-year suspension of usage privileges, even if event organizers, coaches, and/or officials are not present.

If an emergency arises, please call 911. For all other problems and/or concerns contact Park District staff at (937) 433-5155 during regular business hours or (937) 470-9246 after business hours and on weekends.

Legal Compliance

I agree to follow and adhere to all local, state, and federal laws applicable to the rental of CWPD facilities and the activities emanating there from including but not limited to health, worker's compensation, discrimination, and licensing laws, CWPD Rules and Regulations, and CWPD Special Event Regulations.

Authority to Bind Organization

The Representative confirms and warrants that by executing this agreement and application, he/she has full authority to so act on behalf of the named organization and to bind the organization to the terms of this agreement.

My signature below indicates that I am 18 years of age or older, that I have read the above information concerning the usage of the identified park area, that I agree to the conditions stated, and that I attest to the accuracy of the details of my park usage.

Centerville-Washington Park District Release Agreement

The named organization must include a copy of the Centerville-Washington Park District's Release Agreement on all participant registration forms. This release can be downloaded from our website www.cwpd.org under the Forms tab. The Park District requires that a copy of each registration, with the signed release, is given to the Park District within five business days following the event.

I hereby, for myself and/or my organization understand the risks involved and hereby consent for myself and/or my child to participate in activities and/or use the facilities of the Centerville-Washington Park District. I hereby release, indemnify, and hold harmless the Centerville-Washington Park District, its Commissioners, Agents, Employees and Assignees from any and all liability claims, actions, demands and judgments arising out of injury or loss sustained by me or my child while participating in activities or using facilities of the Centerville-Washington Park District.

Organization Name	Date
Organization Representative Signature	Representative Name – Printed
Park District Representative Signature	Date

Please return completed forms, fees and certificates to:

Centerville-Washington Park District
221 North Main St., Centerville, OH 45459

or

Fax to: (937) 433-6564 | Email to: mail@cwpd.org

Questions: Call (937) 433-5155

Office Use Only

☐ Request Approved ☐ Request Denied

_____ Date _____ Initials

Staff Notes:

Special Event Request Form

Tournaments, Camps and Other Special Events

Contact Information

Name of organization: _____ Date of request: _____

Organization Contact Person: _____

Street Address: _____

City, State, Zip: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Event Details

Name of Tournament, Camp, or Special Event: _____

Requested Event Date(s): _____

Alternate Event Date(s): _____

Requested Park(s) Locations(s): _____

Alternate Park(s) Locations(s): _____

Brief Description of the Event (including any additional needs):

Logistics and Attendance Estimates

Event Start Time: _____ Event End Time: _____

Set-Up Time: _____ Tear Down Time: _____

Anticipated Number of Participants/Players/Teams: _____

Anticipated Number of Staff/Volunteers (if applicable): _____

Anticipated Number of Spectators (if applicable): _____

Age Range of Participants: _____

Anticipated Number of Residents: _____ Anticipated Number of Non-Residents: _____

Commercial Sponsor(s) (if applicable): _____

Will the sponsor's name(s) be used to advertise event? ☐ Yes ☐ No**Estimated Gross Income/Profit from Event**

Estimated Gross Income: \$ _____

Amount Charged per Person: \$ _____

Event Beneficiary (if applicable): _____

Sponsorship Amount (if applicable): _____

Is this an Athletics Tournament? ☐ Yes ☐ No**(If yes, skip to Athletics Addendum, pages 7-8)
(If no, complete page 6)**

Special Events and Camps Only

Facility Requests

Check all that apply:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Trails | <input type="checkbox"/> Open Areas | <input type="checkbox"/> Fire Circle |
| <input type="checkbox"/> Baseball Diamond | <input type="checkbox"/> Football Field | <input type="checkbox"/> Tennis Courts | <input type="checkbox"/> Soccer Field |
| <input type="checkbox"/> Lacrosse Field | <input type="checkbox"/> Sand Volleyball Courts | <input type="checkbox"/> Pickleball Courts | <input type="checkbox"/> Basketball Courts |
| <input type="checkbox"/> Other (specify): _____ | | | |

For a list of additional facility/amenity options, please visit: <https://www.cwpd.org/parks/find-a-park/>

If requested, formal quote for each additional portable restroom and dumpster will be provided prior to event approval. Additional portable restrooms and trash dumpsters may be required due to the number of teams and/or participants. The cost of these items are the responsibility of the event organizer and will be paid to the Park District when the reservation is approved. Trash cans used during these events must be emptied into the trash dumpster, by the event staff as needed throughout the event.

Portable Restrooms Requested: ☐ Yes ☐ No

Trash Dumpsters Requested: ☐ Yes ☐ No

Form Submission

Send completed form to Centerville-Washington Park District by mail, fax or email. You will be contacted within 7-10 business days regarding your request. **Centerville-Washington Park District reserves the right to deny any request in the interest of safety of all park visitors.**

Advertising event before contract approval is prohibited.

Please return to:

Centerville-Washington Park District
221 North Main St., Centerville, OH 45459

or

Fax to: (937) 433-6564 | Email to: mail@cwpd.org

Athletics Addendum - Tournaments Only

Name: _____ Date of request: _____

Event: _____

Centerville-Washington Park District Fees**Tournament Fees**

Recognized Organization \$85/field/day

Non-Recognized Organization \$60/2 hr. block/field/day and additional \$20/hr./field/day

Facility Requests

Check all that apply:

☐ Basketball Court☐ Soccer Field☐ Open Areas☐ Baseball Diamond☐ Tennis Court☐ Football Field☐ Shelter☐ Lacrosse Field☐ Other (specify): _____For a list of additional facility/amenity options, please visit: <https://www.cwpd.org/parks/find-a-park/>

If requested, formal quote for each additional portable restroom and dumpster will be provided prior to event approval. Additional portable restrooms and trash dumpsters may be required due to the number of teams and/or participants. The cost of these items are the responsibility of the event organizer and will be paid to the Park District when the reservation is approved. Trash cans used during these events must be emptied into the trash dumpster, by the event staff as needed throughout the event.

Portable Restrooms Requested: ☐ Yes ☐ NoTrash Dumpsters Requested: ☐ Yes ☐ No

Financial Information

Fees Charged by Tournament Administrator

Please check all that apply:

Gate/Admission Fee: ☐ Yes ☐ No Fee Amount: _____

Parking Fee: ☐ Yes ☐ No Fee Amount: _____

Team Registration Fee: ☐ Yes ☐ No Fee Amount: _____

Sponsorship(s)

Commercial Sponsor(s): _____

Will sponsor's name(s) be used in the tournament publicity? ☐ Yes ☐ No

If yes, how will sponsor's name(s) be used? :

Will sponsor(s) be making any donations? ☐ Yes ☐ No

If yes, list donations:

Form Submission

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Process for Food Trucks at CWPDP Parks

Organizations hosting events that include food trucks at CWPDP parks must complete the following:

Name of Food Truck(s)

1. _____
2. _____
3. _____

Time food truck(s) will be arriving _____

CWPDP reserves the right to refuse any food truck if it conflicts with a CWPDP event.

Outside organizations are responsible for obtaining:

1. Proof of Insurance from the food vendor.
2. Proof of a valid Food Truck Permit.
3. Zoning Permit (if the park is in Washington Township).



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:		
	PHONE (A/C, No. Ext):	FAX (A/C, No):	
INSURED	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A :		
	INSURER B :		
	INSURER C :		
	INSURER D :		
INSURER E :			
INSURER F :			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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