

ATHLETIC FIELD RESERVATION APPLICATION

Leagues, Camps/Clinics, Single/Incidental Use

INSTRUCTIONS

- Please review the City of Burlington's Field Use Policies for detailed information regarding reservations and submittal deadlines.
- Questions may be directed to (360) 755-9649 or BParks@burlingtonwa.gov.
- Complete pages 1-4 of the following application form and return to Burlington Parks & Recreation to request field reservations. *Mail/Deliver to:* 900 E. Fairhaven Avenue or *Email to:* BParks@burlingtonwa.gov
 Burlington, WA 98233
- Please be aware that no legal or binding commitment exists between parties until a Field Use Permit has been issued.

APPLICANT INFORMATION

Name of Sponsoring Organization or Individual: _____

Classification: Non-Profit, ID# _____ Private Citizen or Group For-Profit/Commercial

Organization Website Address: _____

Mailing Address: _____ Primary Phone: _____

City/ST/ZIP: _____

AUTHORIZED REPRESENTATIVE INFORMATION

Name of Primary Contact Person: _____ Position: _____

Phone: _____ Email: _____

Billing Contact Person: Same as Above or, Name: _____

Phone: _____

Email: _____

GENERAL ACTIVITY INFORMATION (Complete ALL that apply)

Activity Title: _____ Sport Type: _____

Field Use Type: Game(s) Turnout/Practice Camp/Clinic One-time/Incidental Use

Activity Start Date: _____ End Date: _____

Target Age Range(s): _____

Target Audience: Men/Boys Women/Girls Co-Ed Other: _____

of Participating Teams: _____ Average # of Players per Team: _____

SPECIAL REQUESTS (Complete ALL that apply)

- Painted Field Lines Yes, Parks Staff Assistance is Needed for Lining
 - Merchandise Sales
 - Food Sales
 - Use of Skagit River Park Concession Room
 - Use of Amplified Sound Describe: _____
 - Use of Scoreboards (Baseball)
 - Access to City Utilities: Potable Water Electricity Purpose: _____
- Other Requests:

FIELD RESERVATION REQUESTS

Baseball/Softball Quantity of Fields Needed: 55' Base Path # _____ 60' # _____ 90' # _____ Other: _____
 Location(s) Requested: Skagit River Park Rotary Park

Grass Field Micro (up to 35yds x 45yds) Total Quantity: _____
 Standard (up to 80yds x 125yds) Total Quantity: _____
 Other, Describe: _____
 Location(s) Requested: Dike District Fields Rotary Park Whitmarsh Fields
 Skagit River Park (Not available for practices)
 Other: _____

Volleyball Court Rotary Park Sand Court, Quantity: _____ (Up to 4) Grass Court, Quantity: _____

Basketball Court Maiben Park Quantity: _____

Disc Golf Course Whitmarsh Fields

Detailed Reservation Request: See Below See Attached

	Field/Court Dimensions or Base Path Length	Day of Week	Start Date	End Date	Start Time	End Time
<input type="checkbox"/> Practice <input type="checkbox"/> Game <input type="checkbox"/> Other*		OM OTu OW OTh OF OSa OSu				
<input type="checkbox"/> Practice <input type="checkbox"/> Game <input type="checkbox"/> Other*		OM OTu OW OTh OF OSa OSu				
<input type="checkbox"/> Practice <input type="checkbox"/> Game <input type="checkbox"/> Other*		OM OTu OW OTh OF OSa OSu				
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<input type="checkbox"/> Practice <input type="checkbox"/> Game <input type="checkbox"/> Other*		OM OTu OW OTh OF OSa OSu				

***If Activity is Other than Practice or Game, please describe:**

Describe Equipment you wish to setup for your activity:

Additional Comments or Requests:

Initials & Signature of the Applicant / Applicant's Authorized Representative is required in the Acknowledgment and the Hold Harmless & Indemnification sections below indicating understanding of the statements and intent to comply.

ACKNOWLEDGMENTS

- _____ **Minimum Age.** I certify that I am 18 years of age or older and am an authorized representative of Applicant.
- _____ **Application Timeline.** I understand that I may expect receipt acknowledgment from Burlington Parks & Recreation within 10 business days of my application submittal.
- _____ **Insurance.** The City of Burlington does not maintain insurance that will respond to claims against me, the Applicant, arising from my use, my affiliated members/participants' use or use by those attending my activity. When required by the City, I will provide written documentation meeting the minimum requirements outlined in the City's Athletic Field Use and Reservation Policy as proof of my general liability insurance coverage. (*Sample information can be found on pages 5-6 of this document.*)
- _____ **Field Use & Park Rules.** I, the Applicant, or an individual authorized to act on the Applicant's behalf, have read, understand and agree to abide by all field use policies and park rules described in the City's Athletic field Use & Reservation Policy.
- _____ **Alcohol & Marijuana.** Washington State law prohibits the consumption or use of alcohol or marijuana products in any form in public places, which includes all City of Burlington outdoor park facilities. It also prohibits the opening of packages containing alcohol or marijuana products in any form. Please refer to the Revised Code of Washington (RCW) sections 66.44.100 and 69.50.445 for detail. A person who violates these sections is guilty of a class 3 civil infraction under chapter 7.80 of the RCW.
- _____ **Standard of Behavior.** I, the Applicant, understand that I, my affiliated members/participants and those in attendance of my activity are expected to obey all laws governing the City of Burlington and the State of Washington and to behave in a respectful manner during our use of the playfields. Fighting, abusive or threatening language, public urination, intoxication and littering are examples of behaviors that are considered unacceptable. I understand it is my responsibility to address unacceptable behavior if it occurs. The City of Burlington may at its discretion terminate my Field Use Permit if unacceptable behavior concerns persist.
- _____ **Field Prep & Cleanup.** Equipment I wish to setup to support my activity must be preapproved, in writing, by the City. I understand that I am responsible for leaving my designated playfield area free of debris and garbage upon my activity's conclusion. I will place garbage created by my activity in the waste dumpster provided onsite or I will haul it off-site. I also understand that I will be responsible for payment of a cleanup fee when the City deems my post-activity cleanup inadequate.
- _____ **Cancellations & Changes.** I understand that once my application is approved, the Cancellation & Refund Policy described in the City's Athletic Field Use & Reservation Policy applies. My written confirmation must be received by the City in order for my cancellation or change to be considered binding.
- _____ **Departmental Access.** I understand that Burlington Parks & Recreation and the City's authorized representatives shall have free access to the premises at all times.
- _____ **Private Vehicles.** My personal vehicles and those of my affiliated participants and guests are not permitted on the playfields at any time unless prior written approval has been granted from the City.
- _____ **Playfield Conditions.** I understand that my playfield reservations may be cancelled at the City's discretion when it has determined imminent conditions exist that could potentially cause damage to the playfields or put field users' safety at risk. Should this occasion occur, I can expect the City to notify me with as much advance notice as is feasibly diligent.
- _____ **COVID/Infectious Disease Protocols.** I affirm that my activity and persons affiliated with it will follow the guidance set forth by Washington State and the City of Burlington when circumstances arise that result in the need for exceptional protocols in order to avoid the spread of COVID or other infectious diseases.

HOLD HARMLESS & INDEMNIFICATION AGREEMENT

With my signature below, I, the Applicant or Authorized Representative of the Applicant, hereby request of the City of Burlington the use of City facilities as described herein and certify that the information in this request is correct and complete. I agree that no persons will be excluded from participation in, or denied the benefit of, or otherwise subjected to discrimination because of the person's race, color, national origin, age, handicap or other protected class status during my use of the City's facilities. I further agree to exercise the utmost care in my use of the City's facilities and agree to reimburse the City for any costs incurred by the City in repairing damage to its facilities caused by my activity.

I agree to defend, indemnify and hold harmless the City of Burlington, its Elected Officials, Appointed Officers, Employees and Agents from all liability resulting from my use of City facilities except only such liability as shall have been occasioned by the sole negligence of the City of Burlington. I agree to observe and comply with all provisions of laws and ordinances governing the City of Burlington and the State of Washington.

Signature: _____

I understand that checking this box and typing my digital signature constitutes a binding agreement.

Date: _____

PAYMENT SCHEDULE

League Games,

Turnouts/Practices:

Payment of 50% of field rental fees is due when final field allocation has been approved.

Payment of the remaining balance along with payment of all miscellaneous fees associated with the activity (i.e. portable restrooms, field lining charges, lining paint...) is due upon the activity's conclusion within 30-days of billing.

Camps/Clinics,

One-Time/Incidental Use: Payment is due in full at time of field reservation *confirmation*.

FOR CITY USE:

Date Application received by City: _____ By: _____

Field Allocation APPROVED AS REQUESTED. Permit # _____

Field Allocation APPROVED WITH CHANGES. Permit # _____ Remarks: _____

Field Use NOT APPROVED. No Permit Issued. Remarks: _____

Staff Signature: _____

Date: _____

Title: _____

INSURANCE REQUIREMENTS

The City must receive a valid **Certificate of Insurance** accompanied by the policy's **Endorsement** at least 30-days prior to your activity's start date. Please ask your insurer to forward the documents containing the minimum requirements listed below. The documentation should be emailed to BParks@burlingtonwa.gov.

Certificate of Insurance

- Certificate Holder must be listed as "City of Burlington"
833 S. Spruce Street
Burlington WA 98233
- Minimum thresholds of coverage: \$2,000,000 General Aggregate
\$1,000,000 per occurrence
- Certificate must include the remark "Additional Insureds include the City of Burlington, its elected officials, officers, employees & agents."

ACORD®		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)
<p>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.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).</p>				
PRODUCER	CONTACT NAME		PHONE	FAX
	E-MAIL ADDRESS		E-MAIL	ADDRESS
	INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED	INSURER A:			
	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			
	INSURER F:			
<p>Applicant's Name & Address</p>				
COVERAGES		CERTIFICATE NUMBER:	REVISION NUMBER:	
<p>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.</p>				
NEER	TYPE OF INSURANCE	ADDITIONAL	POLICY NUMBER	POLICY EFF. DATE
LTB	COMMERCIAL GENERAL LIABILITY	INSUR		
	CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>			
	GEN'L AGGREGATE LIMIT APPLIES PER:			
	POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC. <input type="checkbox"/>			
	OTHER:			
	AUTOMOBILE LIABILITY			
	ANY AUTO			
	OWNED AUTOS ONLY			
	HIRED AUTOS ONLY			
	NON-OWNED AUTOS ONLY			
	UMBRELLA LIAB			
	EXCESS LIAB			
	OCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>			
	DED. RETENTION \$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			
	ANY/OTHER EMPLOYER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in WA)			
	If yes, describe under DESCRIPTION OF OPERATIONS below			
<p>DESCRIPTION OF OPERATIONS / LOCATIONS / VEH. (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</p> <p>Additional Insureds include the City of Burlington, its elected officials, officers, employees and agents.</p>				
CERTIFICATE HOLDER		CANCELLATION		
City of Burlington 833 S. Spruce Street Burlington, WA 98233		<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>		
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Endorsement

- An Endorsement using ISO Form CG 20 26 or coverage at least as broad must accompany the Certificate of Insurance.
- Additional Insured must be listed as "City of Burlington"
833 S. Spruce Street
Burlington WA 98233
- The Endorsement must reference the Insured's policy number.

POLICY NUMBER:	Policy number must match number listed on the Certificate of Insurance.	COMMERCIAL GENERAL LIABILITY CG 20 26
<p>THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.</p> <p>ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION</p>		
<p>This endorsement modifies insurance provided under the following:</p> <p>COMMERCIAL GENERAL LIABILITY COVERAGE PART.</p> <p>SCHEDULE</p>		
<p>Name of Person or Organization:</p> <p>City of Burlington 833 S. Spruce Street Burlington, WA 98233</p>		
<p>(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)</p> <p>WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.</p>		
<p>ENDORSEMENT</p> <p>SAMPLE</p>		