

## 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 the 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 the 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 CWPDP reserves the right to publish photos taken on Park District property.

Field Status can be viewed on the CWPDP website at [www.cwpd.org](http://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 \$200.00 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 the CWPDP facilities and the activities emanating there from including but not limited to health, worker's compensation, discrimination, and licensing laws, CWPDP Rules and Regulations, and CWPDP Special Event Regulations.**

### Authority to Bind Organization

The Representative confirms and warrants that by executing this agreement and application, that 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](http://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.

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Organization Name

Date

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Organization Representative Signature

Representative Name – Printed

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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](mailto:mail@cwpd.org)

Questions: Call (937) 433-5155

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### Office Use Only

Request Approved    Request Denied   \_\_\_\_\_ Date   \_\_\_\_\_ Initials

Staff Notes:

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## 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: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### Event Details

Name of tournament, camp or special event: \_\_\_\_\_

Requested Date(s) of use: \_\_\_\_\_

Alternate Date(s) of use: \_\_\_\_\_

Requested Park(s) Location(s): \_\_\_\_\_

Alternate Park(s) Location(s): \_\_\_\_\_

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

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Facilities Requested (check all that apply):

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Shelter                | <input type="checkbox"/> Baseball Diamond | <input type="checkbox"/> Football Field | <input type="checkbox"/> Tennis Courts     |
| <input type="checkbox"/> Fire Circle            | <input type="checkbox"/> Basketball Court | <input type="checkbox"/> Soccer Field   | <input type="checkbox"/> Lacrosse Field    |
| <input type="checkbox"/> Trails                 | <input type="checkbox"/> Dog Park         | <input type="checkbox"/> Open Areas     | <input type="checkbox"/> Volleyball Courts |
| <input type="checkbox"/> Portable Restroom      | <input type="checkbox"/> Trash Dumpsters  | <input type="checkbox"/> Skate Park     |  |
| <input type="checkbox"/> Other (specify): _____ |   |   |  |

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.

## Logistics and Attendance Estimates

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Set-up Time: \_\_\_\_\_ Tear Down Time: \_\_\_\_\_

Anticipated Number of Participants/Players: \_\_\_\_\_ Number of Teams: \_\_\_\_\_

Anticipated Number of Staff /Volunteers: \_\_\_\_\_ Number of Vehicles On-site: \_\_\_\_\_

Anticipated Number of Spectators: \_\_\_\_\_ Age Range of Participants: \_\_\_\_\_

Anticipated Number of Residents: \_\_\_\_\_ Anticipated Number of Non-residents: \_\_\_\_\_

Commercial Sponsor(s): \_\_\_\_\_

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

## Financial Information

### Recognized Youth Athletic Organizations Only

Estimated Gross Income: \$ \_\_\_\_\_

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 N. Main St., Centerville, OH 45459

or

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



# 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):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 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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