



# HARRISONBURG PARKS AND RECREATION

## FACILITY USE PERMIT APPLICATION

Today's Date: Sept. 10, 2018

<b>Renter Information</b>	<i>Applicant Name (hereinafter "Renter"):</i> BIKE VIRGINIA		<i>Birthdate of Applicant:</i> 08.05.1952	
	<i>Authorized Agent for Renter: (may be the same as the applicant)</i> Cynthia C. Bashton			
	<i>Phone:</i> 804-317-5959	<i>Fax:</i> 888-308-9427	<i>Email:</i> cynthia@bikevirginia.org	
	<i>Address:</i> 2711 Buford Rd. #320	<i>City:</i> North Chesterfield	<i>State:</i> VA	<i>Zip:</i> 23235
<b>Rental/Event Information</b>	<i>Facility Requested: (include room location if applicable)</i> Hillandale Park		<i>Date(s) Requested:</i> June 23-16, 2019	
	<i>Hours of Rental:</i> Begin: 6:00am      End: 6:00pm		<i>Set-up Time to Begin:</i> June 23@6:00am	<i>Clean Up Time to End:</i> June 26@6:00pm
	<i>Type of event to be held (i.e. baby shower, birthday party, family reunion etc.):</i> Camping and Bicycle Tour		<i>Anticipated Attendance: (Required)</i> 1200	
	<i># of Tables:</i> N/A	<i>Ongoing Rental?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Participation Fee Charged?</i> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>Vendors?</i> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, number attending: <u>5-10</u>
<b>Additional Event Information</b>	For a complete listing of the rules and regulations for use of a facility owned and/or managed by the City of Harrisonburg Parks and Recreation Department, see the attached <b><i>Facility Use Policies</i></b> .			
	Should any of the services below be self provided, please write the word "SELF" on the blank line. <b><i>Please check all that apply &amp; provide the name of the company and the contact information for the company providing these services on the corresponding blank line:</i></b>			
<input type="checkbox"/> Inflatable Device(s) _____ (Allowed in designated facilities only)				
<input type="checkbox"/> Music (Recorded) _____				
<input checked="" type="checkbox"/> Music (Live) _____				
<input checked="" type="checkbox"/> Amplifying Devices Or Loud Speakers _____				
<input type="checkbox"/> Audio/Visual Equipment _____				
<input checked="" type="checkbox"/> Catered Event <u>Food Trucks</u>				
<input checked="" type="checkbox"/> Other <u>Mobile Shower Trucks</u>				

The undersigned hereby acknowledge that a copy of the Facility Use Policies 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, and understands and agrees to abide by these rules and regulations governing the use of the Facility being rented.

The undersigned person executing this Application on behalf of the Renter represents and warrants that he/she has full authority to sign this Application on behalf of the Renter and that he/she has the authority to fully bind the Renter to the terms and conditions set forth in this Application.

Cynthia C. Bashton, Bike Virginia Health and Safety Coordinator September 10, 2018  
 Print Name of Authorized Signatory Date  
Cynthia C. Bashton Health and Safety Coordinator  
 Sign Name of Authorized Signatory Title  
2711 Buford Rd. #320 Richmond VA 23235  
 Address City State Zip Code

<b>Facility Rental Insurance</b>	<p><b>Applicant Name or Permit Renter (Individual or Company):</b> <u>Bike Virginia</u></p> <p><b>Insurance is required and must be submitted in advance for:</b></p> <p><input type="checkbox"/> An ongoing rental permit</p> <p><input checked="" type="checkbox"/> Service(s) being provided by a third party/vendor (e.g. caterer, DJ, bounce house)</p> <p>Without limiting PERMIT APPLICANT'S indemnification of the CITY, and during the term of this Agreement, PERMIT RENTER 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.</p> <p>Certificates or other evidence of coverage shall be delivered via email, fax or US mail.</p> <p style="text-align: right;"><b>City of Harrisonburg</b>  <b>409 S. Main Street</b>  <b>Harrisonburg, VA 22801</b></p> <p><b>Certificate Holder must read:</b></p> <p>Such certificates or other evidence of coverage shall 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><b>Insurance Requirements</b></p> <p><b>Renters are required to evidence the following Insurance to the City:</b></p> <table border="0" style="width: 100%;"> <tr> <td style="border-bottom: 1px solid black;"><u>Insurance Coverage Type</u></td> <td style="border-bottom: 1px solid black;"><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> </table> <ul style="list-style-type: none"> <li>All insurance policies evidenced to the City shall name the City of Harrisonburg as an Additional Insured and list the date and location of the event.</li> </ul> <p>If Renter does not have insurance, alternatively it may be obtained through a TULIP (Tenant User Liability Insurance Program). Contact Harrisonburg Parks and Recreation for more information.</p>	<u>Insurance Coverage Type</u>	<u>Limit of Liability Required</u>	Commercial General Liability
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Commercial General Liability	Each Occurrence \$1,000,000 Aggregate \$2,000,000			

<b>Internal Use only:</b>	<b>Approved:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Permit #</b> _____
Date Received: _____	Date of Rental: _____	Date Insurance Submitted: _____
Rental Fee: _____	Security Deposit: _____	Date Insurance Approved: _____
Insurance Compliance Documentation is Attached (circle one): <b>Yes</b> <b>No</b>		
Facility Supervisor: _____		_____
Signature		Date