

# PARK USE APPLICATION – SPORTING GROUPS ONLY

## APPLICANT/USER GROUP INFORMATION

PARK REQUESTED:

Hackett     Kinnikinnick     Piccadilly     Creekside     Snickett     Other \_\_\_\_\_

DATE: \_\_\_\_\_ SECTION OF PARK: \_\_\_\_\_

NAME OF SPORT USER GROUP: \_\_\_\_\_

ADDRESS: (MAILING) \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NO:(RES) \_\_\_\_\_ (BUS) \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_ DATE(S) OF USE: \_\_\_\_\_

START TIME: \_\_\_\_\_ FINISH TIME: \_\_\_\_\_

**DEPOSIT:**

N/A  
\$100.00  
\$250.00  
\$500.00  
(See Risk Assessment Table)

**KEY DEPOSIT:**

\$20 per key x \_\_\_\_ = \_\_\_\_\_

**ELECTRICAL FEE**

\$20.00 per day x \_\_\_\_ = \_\_\_\_\_

**TOTAL AMOUNT REQUIRED** \_\_\_\_\_

## INSURANCE REQUIREMENTS (Check Risk Assessment Table to see if this applies to booking)

Prior to the granting of this License, the Licensee shall obtain, maintain and pay for **comprehensive general liability insurance naming the Municipality as an additional insured**, including, without limitation, coverage for the indemnity and release provisions herein, on terms satisfactory to the Municipality.

Such policy shall be written on a comprehensive basis with inclusive limits as outlined of not less than **\$2,000,000.00 third party liability insurance**, including coverage of at least \$2,000,000.00 per occurrence and \$2,000,000.00 for participant liability coverage, to cover bodily injury and/or death to any one or more persons including voluntary medical payments and property damage, or such higher limits as the Municipality may require from time to time. **The District may require a \$5,000,000.00 liability policy for "High Risk" activities.** The policy shall contain a clause providing that the insurer will give the Municipality thirty (30) days prior written notice in the event of cancellation or material change. The Licensee shall provide the Municipality with evidence of such insurance coverage in the form of an executed copy of a Certificate of Insurance in a form satisfactory to the Municipality prior to the granting of this License.

It shall be the sole responsibility of the applicant to determine what additional insurance coverage, if any, including but no limited to Worker's Compensation and Participants Insurance, are necessary and advisable for its own protection and/or to fulfil its obligations under this permit. Any such insurance shall be maintained and provided at the sole expense of the applicant.

The District does not warrant that this insurance is adequate for the applicants needs. The applicant acknowledges sole responsibility for obtaining whatever coverage, in excess of that required by the District, that the applicant deems necessary.

It is the responsibility of the applicant to ensure that all the rules and regulations pertaining to Park Use Permits are adhered to.

Personal information on this form is collected under the District's Park Use Bylaw and will be used only for the purpose of responding to your application.

The District of Sechelt does not represent that the land to be used is necessarily suitable for the intended function/use and the applicant acknowledges that they have inspected the land to be used and that it is suitable.

## WAIVER

The applicant agrees that it will indemnify and save harmless the District of Sechelt and its officers, employees, servants, agents, successors, and assigns (hereinafter collectively referred to as "the District") from and against all claims whatsoever including legal or other fees incurred in respect of any such claim, or any cause or proceeding brought thereon arising directly or indirectly from or in connection with the granting of this Licence and the use and occupation of the said property, save that this licensee will be under no obligation to indemnify and save harmless the District against or in respect of any damages or judgment rendered against the District resulting from or arising out of any negligence or fault on the part of the Municipality in connection with any loss or injury caused or occasioned by the negligence of the District.

\_\_\_\_\_  
User Signature

\_\_\_\_\_  
Name of Signatory/Title

**OR OFFICE USE ONLY**

	RECEIVED		RECEIVED
<b>REQUIREMENTS</b>		<b>REQUIREMENTS</b>	
INSURANCE		GARBAGE CANS	
HEALTH UNIT (If booking has food component)		TOILETS	
REFUNDABLE SECURITY DEPOSIT		ELECTRICITY FEES	