

Parks & Recreation Athletic Field and Facility Request Application

-Office use only-Date received: _____

Applicant Information

Organization: _____

Mailing Address: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Applicant Contact Person: _____
 (must be authorized agent)

Phone: _____ Email: _____

What age group does your program serve: Youth (0 – 18) Adults Seniors Special Populations

Total program participants: _____

Total volunteers: _____

Total staff: _____

Estimated number of spectators: _____

Total program participants: _____

Activity Information

Program or Event Name: _____ Website: _____

On-site Contact: _____ Phone: _____

Alternate Contact: _____ Phone: _____

Special Request Location(s):

- | | | |
|---|--|---|
| <input type="checkbox"/> Civic Stadium | <input type="checkbox"/> Frank Geri Softball Field 1 | <input type="checkbox"/> Downer Field 1 |
| <input type="checkbox"/> Joe Martin Stadium | <input type="checkbox"/> Frank Geri Softball Field 2 | <input type="checkbox"/> Downer Field 2 |
| | <input type="checkbox"/> Frank Geri Softball Field 3 | |
| | <input type="checkbox"/> Frank Geri Softball Field 4 | |

Other:

Squalicum Park Field 3

Activity Frequency:

- One time use
- On-going or multi-day use*

*Ongoing/Multi-day use automatically requires insurance documents and formal contract. Ongoing and multi-day requests must be received at least 30 days in advance of first activity use in order to meet scheduled start date requests.

Activity Type: (Check all that apply)

- Athletic Program, League, or Event/Tournament
- Open to the Public
- Promotional
- Other: _____

Will you: (check all that apply)

- Collect/Charge participation/spectator Fees (onsite or offsite)
- Collect Donations
- Leave equipment or have activity occurring overnight
- Serve Food
- Food Truck
- Caterer
- Canopy / Tent

Program or Event Days and Times:

Date	Start Time	End Time	Facility	Number of Participants
1.				
2.				
3.				
4.				
5.				

Attach additional dates if needed.

General Description:

General description of the request including field preparation, set up, take down, course or other markings, etc.

What equipment/amenities will be used at what locations: (include site map)

Alcohol:

[Washington State Liquor and Cannabis Board](#) (WSLCB) regulates the sale, service, and consumption of alcoholic beverages. Your Special Request may be subject to WSLCB licensing and permit requirements. *This requires insurance and contract

Are you requesting to sell or consume alcohol? Yes No

Describe plans for alcohol service, including beer garden if required: (include site map)

Parking Plan: This is typically used for large events.

Describe traffic flow and parking plan: (include site map)

Vehicle Access:

Is vehicle access required outside of established parking areas: Yes No

How many vehicles will be accessing areas outside of identified traffic areas: _____

Describe vehicle access needs and location: (include site map)

Amplified Sound/Music/Scoreboard requests:

Will there be amplified sound? Yes No Will the sound include music/entertainment? Yes No

Do you require use of a press box and press box sound system? Yes No

Do you request the use of the scoreboard? Yes No

Describe what sound will be amplified:

Electrical or lighting request: (may not be available at all locations)

Do you need field or stadium lights turned on? Yes No

Describe any additional electrical needs: (power type, equipment, etc.)

Security & Emergency Management Plan:

Applicants are responsible to review and comply with the Emergency Response & Safety information provided in the City of Bellingham Special Event Guide.

Have you read the City of Bellingham Special Event Guide section on Security & Emergency Management? Yes No

Person Responsible for Event Security: _____ Cell Number: _____

COVID-19 Safe Start Requirements

Required Attachments:

Please attach your plan of operations that describes how your organization will comply with the State of Washington and Department of Health's Safe Start guidelines including:

1. Maximum gathering size
2. Maintenance of physical separation
3. Screening of participants
4. Cleaning and disinfecting procedures
5. Food handling protocols
6. Face coverings

Is your Safe Start plan of operations attached? Yes No

Insurance Requirements

The City of Bellingham requires Certificates of Insurance, along with supporting policy documents before permitting ongoing or regular use of athletic facilities at least 30 days prior to your first program date.

Required Insurance Forms and language:

- General Liability:** Minimum coverage required is determined by request, in general, most requests will require \$1 million per occurrence.
- Additional Insured:** noting The City of Bellingham, its officers, employees, elected officials, agents and volunteers are additional insured.
- Primary and Noncontributory:** Coverage is primary and non-contributory with a waiver of subrogation
- Automobile liability:** Coverage is determined by request.
- Liquor Liability** (if applicable): minimum coverage required is determined by request, in general, most requests will require \$1 million.

Fees

All requests are subject to Park and Recreation Use Fees which are due upon approval. Invoices will be mailed at least monthly.

Other Permits

The applicant is responsible to research and secure any permits required for a Special Request. Typical permitting may include:

- City of Bellingham Special Event Permit
- Liquor Control board
- Temporary Food Permit

Signature

- I certify that I am a duly authorized agent of the applicant. I understand that it is my responsibility to read and abide by the City of Bellingham Policies and Procedures. Further the applicant and I do hereby agree to release, hold harmless, defend and indemnify the City of Bellingham, its elected officials, employees and agents from and against any and all liability, claims, demands and actions arising out of or related to any loss, damage, or injury, including death, to persons or property that may be sustained during my use or rental of the facility. This expressly includes my own claims, demands, and actions as well as any third party claims, demands and actions brought for property damage or personal injury that may arise directly or indirectly from my use or rental of the facility.
- I understand that my use of Park facilities involves inherent risks of injury including tripping, falling, stumbling and other incidents. I voluntarily assume all the risks associated with the use of the facility and waive any claims, demands or actions that may arise therefrom.

- Responsibility for conduct of invitees and vendors. I agree that I shall provide adequate security and crowd control and further assume full responsibility for the conduct of persons at the facility by my consent or invitation, including vendors.

By signing this document, I indicate my understanding that the terms included herein are legally binding.

Signature: _____

Date: _____

Parks & Recreation Use only
Assigned Coordinator: _____ Coordinator Signature: _____

Conditions:

-Office use only-If any of these are checked, this form must be sent to Administrative and Recreation Managers

___ Insurance required

___ Contract required

___ Group requesting fee discount or waiver

Date forwarded to management: _____