

# **Orangevale Recreation & Park District**

6826 Hazel Avenue Orangevale, CA 95662 Phone (916) 988-4373 \* Fax (916) 988-3496 \* info@ovparks.com

<u>District Use Only</u>
Permit #:
Appl. Date:

# **SPECIAL EVENT RENTAL APPLICATION & AGREEMENT**

Please fill out this form completely and submit with payment to the Orangevale Recreation & Park District office. Applications must be received no less than two weeks prior to your event and no more than one year in advance. It is understood that this application is only a request for facility use. Submitting this application in no way indicates approval for use of District facilities.

Address:			City/State/Zip:		
Phone #:			Email:		
Sponsoring Orga	nization/Company:				
Authorized Orga	nization Representative:				
7			ganization, you must provide tl ead, granting you the right to a	_	
Type of Organiza	ation:	☐ Private	☐ Corporation ☐ Other _		
f your organizat	ion is a non-profit group, p	olease enter r	non-profit [501 (c) 3] ID #:		
Organization We	eb Site:		_Organization Email:		
Name of Event C	Organizer (if different from	applicant):			
Alternate Contac	ct Name:		Phone:	Email:	
	Filbert Area		Stone Amphitheater		
EVENT INFOR Event Name: Event Date(s):			Day(s) of week:		□ F □ Sat □ Sun
EVENT INFOR Event Name: Event Date(s): Event Time(s): M	1ust include an adequate a		Day(s) of week:	e facility.	
EVENT INFOR Event Name: Event Date(s): Event Time(s): M	flust include an adequate a Set up time	mount of tim	Day(s) of week:	e facility.	ean up time
EVENT INFOR Event Name: Event Date(s): Event Time(s): M S From:	flust include an adequate a Set up time am pm	mount of tim	Day(s) of week: ☐ M ☐ ne for set up and clean up of the Event time ☐ am ☐ pm	e facility.	ean up time □ am □ pm
EVENT INFOR Event Name: Event Date(s): Event Time(s): M	flust include an adequate a Set up time	mount of tim	Day(s) of week:	e facility.	ean up time
EVENT INFOR  Event Name:  Event Date(s):  Event Time(s): M  S  From:  To:  Type of Event:  Purpose of Event	flust include an adequate a  Set up time  am pm  am pm  Concert Festival	mount of tim From: To:  Celebrat	Day(s) of week: ☐ M ☐ ne for set up and clean up of the Event time ☐ am ☐ pm	e facility.  Clo  From:  To:	ean up time
EVENT INFOR  Event Name:  Event Date(s):  Event Time(s): M  S  From:  To:  Type of Event:  Purpose of Event  Overall Estimate	flust include an adequate a  Set up time  am pm  am pm  Concert Festival	mount of tim From: To:  Celebrat	Day(s) of week:	e facility.  Clo  From:  To: Childre	ean up time am pm am pm

Description of Event - Provide a detailed description of your event (i.e. list activities, entertainment,	
ment and structures, etc. You may attach additional pages or materials as needed.	
How does the community of Orangevale benefit from this event?	
s this a Public or Private event?	
If public, please give name, phone number and website for public event information:	
Will a charge, fee, or donation be collected for this event?	☐ Ves ☐ No
If yes, for what purpose will the proceeds be used?	
Please list the type (i.e., admission, food charge) and amount of charge:	
riease list the type (i.e., authission, 1000 charge) and amount of charge.	
Vill there be religious, political, or union activities?	
Vill food be served at the event?	
If yes, and you are using a caterer, please list caterer's name and phone #	
Vill alcohol be ☐ served or ☐ sold at your event?	
If yes, please list the timeframe alcohol will be served	
Vill you be bringing any apparatus, equipment, or additional tables and chairs to your event?	
If yes, please list	

## **SUPPLEMENTAL SPECIAL USE APPLICATION**

A Supplemental Special Use Application will be required if your event plans to have any of the following: a) over 200 participants, b) amplified music, c) alcohol sales, d) food sales, or e) participant entry fee. Complete this application, attach any necessary supplemental information and submit to the District Office located in the Orangevale Community Center at 6826 Hazel Avenue, Orangevale CA 95662. Application must be submitted at least twelve (12) weeks in advance of the date requested. Submission of this application does not constitute approval of use, and no advertising of the event should occur until written approval is obtained.

**EVENT NAME:** 

Set-Up –	List below the days,	dates needed to se	up the event.	
Day 1: Day of Week	Date	Start Tir	ne	End Time
Day 2: Day of Week	Date	Start Tir	ne	End Time
Even	t Dates – List below	the days/dates of t	he event.	
Day 1: Day of Week	Date	Start Tir	ne	End Time
Day 2: Day of Week	Date	Start Tir	ne	End Time
Day 3: Day of Week	Date	Start Tir	ne	End Time
Day 4: Day of Week	Date	Start Tir	ne	End Time
Tear-Down Dates	s – List below the do	ys/dates needed to	tear-down the	event.
Day 1: Day of Week	Date	Start Tir	ne	End Time
Day 2: Day of Week				
EVENT SITE PLAN/MAP				
Attach a detailed site plan/map of the site plan should be submitted on 8 ½" Include a key if you use symbols denoting	x 11" or 8 ½" x 14"			
<b>EVENT ACTIVITY PLAN</b>				
Check all activities that apply and items location of these activities and items on	-		s that will be a	t your event. Please mark the
Entertainment				
Amplified Music – Live		Hours – Start	End	<del></del>
Amplified Music – Record	ed	Hours – Start	End	
Carnival Booths/Rides		Hours – Start	End	
☐ Other		Hours – Start	End	
☐ Sporting Activities				
☐ Type		Hours – Start	End	
☐ Type				
☐ Vendors				
Food & Non Alcoholic Bev	verages	County of Saci	amento Enviro	nmental Health permit
☐ Merchandise	-	•		•
☐ Alcoholic Beverages				
_		•		•
☐ Equipment  Use of tents, temporary structures,	staaina nortahla s	eatina fencina nor	table generator	s subject to Sacramento Met-
ro Fire District inspection & permit.		eating, jencing, por	uble generator	s subject to sucrumento wet-
	☐ Dance Floor(s)	п	Portable Seatir	าต
_ • • • •	Tents & Canopies		Portable Hand	_
	Portable Restroo			
		ridas horsas atc F	vnlain:	
☐ Vohicles on event ground	s – retting 200, pony	nlain:	λριαιιι	
☐ I request overnight campi	na Evolain:	γιαπι		
Public Address, Micropho	ng. Lapiaiii			
☐ I request access to an Ora				
☐ I request access to an Ora	_			
i request access to all Old	ingevale necheation	a i aik District Elect	iic source	

## **SUPPLEMENTAL SPECIAL USE APPLICATION - Cont'd**

#### ALCOHOL MANAGEMENT PLAN

If your event is serving OR selling alcohol, please describe your plan for managing alcohol at your event on a separate sheet and attach to this application. Include in your description your sales plan (cash, tickets), method of serving, who will serve the alcohol (professionals, volunteers), number of service locations, how ID's will be checked, how you will monitor underage drinking, and if you have an alcohol sponsor(s).

## **PARKING & TRAFFIC MANAGEMENT PLAN**

Please describe your plan for parking and traffic control for your event. Your traffic plan may need review by the Sacramento County Sheriff's Department and/or the California Highway Patrol. Please indicate parking locations and traffic flow control on your site plan.

## **SANITATION, WASTE & UTILITY PLAN**

You are responsible for properly disposing of all waste and garbage throughout the term of your event. Immediately upon conclusion of the event, the area must be returned to a clean condition. Please describe your plan for waste collection and removal. You are required to provide restroom accommodations for event attendees. Depending on the size and location of your event, you may need to rent portable restrooms. You may also be required to provide hand washing stations. Please describe your plan for providing these items.

#### STAFFING PLAN

Please describe your plan for staffing your event. Include in your description the number and type of staff at your event.

## **EMERGENCY AND SAFETY PLAN**

Please describe your plan for handling emergencies at your event. Include in your description provision for security guards, on-site medical treatment (first aid station or ambulance), and evacuation plan in an emergency. Also include your plan for addressing accessibility to your event for persons with disabilities.

#### **EVENT MARKETING PLAN**

Please ensure that you have event approval before you begin to market, advertise or promote your event. Please describe your plan for marketing your event, once you have approval. Please include radio, television, and other media you will be utilizing and if you plan on placing signs or banners on District property.

## **NOTIFICATION PLAN**

An event can change the normal flow of residential and business activity potentially causing a negative impact to the surrounding community. As the event organizer, you are responsible for providing notification of the Event and any possible disruption of traffic which could occur in the surrounding neighborhood to all necessary regulatory agencies, businesses and residences within four (4) blocks of the Event at least one (1) month prior to the Event. Such notification shall be by mail or personal delivery and provide District with written proof that such notifications have been made. Please describe your plan for handling notification.

## RECEIPT OF DISTRICT REQUIREMENTS AND FACILITY USE AGREEMENT

The Applicant is responsible for requesting and reviewing the Special Use/Special Event Policies & Procedures and Insurance Requirements prior to submitting their rental request.

Initial to acknowledge you have read and agree to each section of the Facility Use Agreement:

#### INDEMNIFICATION:

The undersigned (hereinafter referred to as "Applicant") shall indemnify, defend, and hold harmless Orange-vale Recreation & Park District (hereinafter referred to as the "District") its officers, employees, and agents from any and all losses, costs, expenses, claims, liabilities, actions, or damages, including liability for injuries to any person or persons or damage to property arising at any time out of or in any way related to the Applicant's use or occupancy of a facility or property controlled by the District, unless solely caused by the gross negligence or willful misconduct of the District, its officers, employees, or agents.

## RECEIPT OF DISTRICT REQUIREMENTS AND FACILITY USE AGREEMENT (CONT.)

## **INSURANCE REQUIREMENTS:**

General liability insurance: The **Applicant** shall procure and maintain, for the duration of the use period contemplated herein, commercial general liability insurance with coverage at least as broad as Insurance Services Office Form CG 00 01, in an amount not less than \$1,000,000 per occurrence, \$2,000,000 general aggregate, for bodily injury, personal injury, and property damage. The policy must include contractual liability that has not been amended. Any endorsement restricting standard ISO "insured contract" language will not be accepted. If alcohol is sold during the permitted activity, coverage must include full liquor liability.

Such insurance shall name **District**, its officers, employees, agents, and volunteers as additional insureds prior to the use of the facility. The **Applicant** shall file certificates of such insurance with the **District**, which shall be endorsed to provide thirty (30) days' notice to the **District** of cancellation or any change of coverage or limits. If a copy of the insurance certificate is not on file prior to the event, the **District** may deny access to the facility.

All insurance policies shall be issued by an insurance company currently authorized by the Insurance Commissioner to transact business of insurance or is on the List of Approved Surplus Line Insurers in the State of California, with an assigned policyholders' Rating of A- (or higher) and Financial Size Category Class VII (or larger) in accordance with the latest edition of Best's Key Rating Guide, unless otherwise approved by the **District**'s self-insurance pool.

Requirements of specific coverage features or limits contained in this Section are not intended as a limitation on coverage, limits or other requirements, or a waiver of any coverage normally provided by any insurance. Specific reference to a given coverage feature is for purposes of clarification only as it pertains to a given issue and is not intended by any party or insured to be all inclusive, or to the exclusion of other coverage, or a waiver of any type. If the **Applicant** maintains higher limits than the minimums shown above, the District requires and shall be entitled to coverage for the higher limits maintained by the **Applicant**. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to **District**.

## **COMPLIANCE WITH ALL APPLICABLE LAW, RULES, & REGULATIONS:**

Applicant shall comply with all local, state, and federal laws and regulations related to the use of the facility and public gatherings. The **Applicant** agrees to abide by all applicable local, federal, and state accessibility standards and regulations. The **Applicant** further agrees that it is solely responsible for reviewing and ensuring compliance with all applicable public health rules, regulations, orders, and/or guidance in effect at the time of the use of the facility including, but not limited to, physical distancing, limits on the size of gatherings, use of appropriate sanitation practices, etc. The **District** reserves the right to immediately revoke **Applicant**'s right to use of the facility under this agreement should **Applicant** fail to comply with any provision of this section.

## **FORCE MAJEURE:**

Notwithstanding anything to the contrary contained in this agreement, the **District** shall be excused from its obligations under this agreement to the extent and whenever it shall be prevented from the performance of such obligations by any Force Majeure Event. For purposes of this agreement, a "Force Majeure Event" includes but is not limited to fires, floods, earthquakes, pandemic, epidemic, civil disturbances, acts of terrorism, regulation of any public authority, and other causes beyond their control. The **Applicant** waives any right of recovery against the **District** and the **Applicant** shall not charge results of "acts of God" to the **District**, its officers, employees, or agents.

By signing below you acknowledge you have read and fully understand this agreement as well the Rental Policies & Procedures and agree to follow all District requirements as stated within.

APPLICANT PRINTED NAME:	
APPLICANT SIGNATURE:	DATE:
<u>District Use Only</u>	PERMIT #:
REVIEWED/APPROVED BY OVPARKS REPRESENTATIVE:	DATE: