

**TOWN OF WARWICK
PARK PERMIT**

Please check the park you would like to rent below:

___ Union Corners ___ Ben Winstanley ___ Kutz Camp
___ Pine Island ___ Wickham Woodland

For use of PARK PAVILION _____ and/or BALLFIELD _____ Time: FROM _____ TO _____

Date of Event: _____ Approximate number attending _____
*** Bathrooms are open from April 15 – November 1st ***

RULES AND REGULATIONS

A fee of \$25.00 is required for groups of 1-50 people; a fee of \$50.00 is required for groups of 51-100 people; a fee of \$100.00 for groups of 101-200 people; a fee of \$150.00 for groups of 201-300; a fee of \$200.00 for groups of 301-450; and a fee of \$250.00 for groups over 450.

A FEE OF \$50.00 DEPOSIT IS REQUIRED IN ADDITION TO THE ABOVE FEES AND IF GROUNDS ARE RESTORED TO PROPER CONDITION, THE \$50.00 DEPOSIT WILL BE REFUNDED, IF APPLIED FOR WITHIN 30 DAYS FOLLOWING THE EVENT.

THE USE OF ALCOHOLIC BEVERAGES IS PERMITTED BY TOWN BOARD APPROVAL FOR

SPECIAL EVENTS ONLY

*****SECTION 106- 12 INSURANCE REQUIREMENTS ON REVERSE SIDE OF THIS APPLICATION *****

All persons using Park must confine any fires to proper fireplaces or portable burners. Before leaving, all fires must be extinguished and lights turned off.

It is advisable for those reserving the pavilion to place a "RESERVED" sign at the location stating the time it will be in use and the permit number.

Person signing the permit must be a Town of Warwick resident and is responsible for the club, team or group to which this permit is issued.

There may be a charge for excessive amounts of garbage that may be generated from events such as Bar-B-Que. Applicants are urged to bring extra plastic garbage bags to facilitate clean-up.

****PLEASE RECYCLE – All Recyclable items MUST be rinsed and placed in containers provided. (All Glass, Plastics #1 & #2 ONLY, Aluminum Cans, Tin Cans-remove labels)**

FEES \$ _____

+DEPOSIT \$50.00

TOTAL

RECEIVED \$ _____

DATE FEES RECEIVED: _____

PERMIT ISSUED BY _____

APPLICANT INFORMATION:

NAME/ORGANIZATION _____

SIGNATURE _____

ADDRESS: _____

TELEPHONE NUMBER _____

SECTION 106-12 INSURANCE REQUIREMENTS:

Comprehensive General Liability providing coverage for Bodily Injury and Property Damage with combined single limits of not less than \$2,000,000 (two million dollars) per occurrence and policy aggregate. These limits may be satisfied by primary Comprehensive General Liability, or a combination of primary and Umbrella or Excess liability policies. This shall be confirmed by a Certificate of Insurance signed by either the Company or a principal of the issuing Agency; the certificate will indicate the Town named as Additional Insured on a primary and non-contributory basis.

This shall be confirmed by a Certificate of Insurance signed by either the Company or a principal of the issuing Agency, as well as a copy of a signed Endorsement Request adding the Town as an Additional Insured.

If any exclusion pertaining to participants in the sport is included in the policy(ies), such exclusion shall be eliminated from any and all contracts by endorsement, with copy of said endorsement on file with the Town Clerk.

Each league in question shall have, in addition, a valid sports Accident Policy protecting the participants for injuries sustained while participating in league play, with a copy of same filed with the Town Clerk.

All others reserving the Town Park pavilions for family events and other social affairs shall provide the Town with a Certificate of Personal Liability Insurance.

If ANY alcoholic beverages are being consumed, the Town Board requires:

Request to Serve Alcohol application completed (please find form attached)

Certificate of insurance shall also show proof of liquor liability with limits not less than \$2,000,000 per occurrence and aggregate, naming the Town of Warwick as “Additional Insured”.

MUST BE MADE AVAILABLE PRIOR TO USE OF THE TOWN FACILITY. REQUIRED AMOUNT OF INSURANCE IS ONE MILLION DOLLARS.

Hold Harmless Agreement

1. In consideration for receiving permission to utilize town property, I hereby release, wave, discharge and covenant not to sue the Town of Warwick, their officers, agents, servants, or employees (here after referred to as releases) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or any of the property belonging to me, whether caused by the negligence of the releases, or otherwise , while participating in such activity, or while in, on or upon the premises where the activity is being conducted.

2. I am fully aware of the risks involved and hazards connected with private activities included in public venues, and hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage owned by me, as result of being engaged in such an activity, whether caused by the negligence of the releases or otherwise.

3. I further hereby agree to indemnify and hold harmless the releases for any loss, liability, damage or cost, including court costs and attorney fees, that they may incur due to my participation in said activity, whether caused by my negligence of the releases or otherwise.

4. I understand that the Town of Warwick does not maintain any insurance policy covering any circumstance arising from my participation in this event or any activity associated with or facilitating that event. As such, I am aware that I should review my personal insurance portfolio.

5. It is my express intent that this waiver of liability and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above-named releases. I hereby further agree that this waiver of liability and hold harmless agreement shall be construed in accordance with the laws of the State of New York.

6. In signing this release, I acknowledge and represent that I have read the foregoing waiver of liability and hold harmless agreement, understand it, and sign is voluntarily as my own free act and deed, no oral representatives, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least 18 years of age and fully competent; and I execute this release for full, adequate and complete consideration fully to be bound by the same.

In Witness thereof, I hereunto set and seal on this day of _____, ____

Witness

Applicant

TOWN OF WARWICK



EILEEN ASTORINO
TOWN CLERK
132 Kings Highway
Warwick, New York 10990
Tel: (845) 986-1124, ext. 248
Fax: (845) 987-1499

Carolyn Purta, Deputy Town Clerk
Melissa Stevens, Registrar & Deputy Town Clerk

Request to Serve Alcoholic Beverages

NAME: _____

PERMIT#: _____

DATE OF EVENT: _____

LOCATION OF EVENT: _____

- Request must be submitted within 10 days prior the date of the event

OFFICE USE ONLY:

Received by & Date

Town Board Approval

Date Approved

TOWN OF WARWICK



EILEEN ASTORINO
TOWN CLERK
132 Kings Highway
Warwick, New York 10990
Tel: (845) 986-1124, ext. 248
Fax: (845) 987-1499

Carolyn Purta, Deputy Town Clerk
Melissa Stevens, Registrar & Deputy Town Clerk

RETURN DEPOSIT REQUEST

NAME: _____

ADDRESS: _____

PERMIT#: _____

DEPOSIT FEE: _____

DATE OF EVENT: _____

LOCATION OF EVENT: _____

- Request must be submitted within 30 days from the date of the event

OFFICE USE ONLY:

REFUND CHECK #

DATE

Received by & Date



**EXAMPLE CERTIFICATE
CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
05/03/2021

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 have ADDITIONAL INSURED provisions or 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 Name of Insurance Agency Address Phone Number	CONTACT NAME: PHONE (A/C No. Ext): E-MAIL ADDRESS: info@theeventhelper.com FAX (A/C No.):
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Name of Group Requesting Address Phone Number	

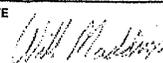
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor Liability <input type="checkbox"/> Retail Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Policy #	05/30/2021 12:01 AM	05/31/2021 12:01 AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION S			Policy #		EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Liquor Liability		Policy #			\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder listed below is named as additional insured
 As respects to general liability, certificate holder additional insured on a primary & non contributory basis as per written contractor agreement
 "In place of a \$1 million umbrella the underlying limit can be \$2 Million aggregate in addition if any alchhol is being consumed.

CERTIFICATE HOLDER Town of Warwick 132 Kings Highway Warwick, NY 10990	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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