

COLUMBIA COUNTY FORESTS, PARKS AND RECREATION

FACILITY USE APPLICATION & AGREEMENT

Return to: Columbia County Forests, Parks and Recreation, 230 Strand Street, St. Helens, OR 97051

APPLICATION & PERMIT FOR FACILITY USE			
Full Name:		Organization:	
Address:		Phone (h): _____ (w): _____ (c): _____	
City:	State:	Zip Code:	E-mail:
EVENT INFORMATION			
Type (wedding, organized group camp, etc.)		Estimated Attendance:	
Arrival Date and Time:		Departure Date and Time:	
Do you plan to serve alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you plan to sell alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when (date and time)?		Contact Person (day/s of event): Contact Person Phone #:	
NOTE: Alcohol is not allowed at park facilities without prior approval. To serve alcohol, you must sign the following Rental Conditions Agreement and comply with the County's insurance requirements.			
REQUESTED PARK OR FACILITY _____		REQUESTED AREA(S) RESERVED _____	

I certify that the above information is true and accurate.

Applicant Signature: _____ Date: _____, 20__

RENTAL CONDITIONS AGREEMENT

In consideration of permission to use the park facility, the applicant agrees to the following terms and conditions:

1. General
 - a) Reservations will be accepted on a first-come, first-served basis.
 - b) A reservation request will not be accepted and processed without a thoroughly completed application.
 - c) Reservations will be confirmed only after County staff have approved the application.

2. Rental Fee
 - a) Refer to "Facility Reservation Rates" sheet for fees or contact Columbia County Parks for fee information.
 - b) Rental fee is due at the time of reservation.
 - c) Cancellation Terms: **Group Camping Fees (equal to one night's stay) are non-refundable. Wedding packages are non-refundable. A \$10.00 handling fee will be deducted from all refunds.**

3. Insurance Requirement – The Applicant must have liability insurance for the entire event and must provide proof of insurance satisfactory to the County as described in the attached "Insurance Requirements - Frequently Asked Questions" **at least 60 days prior to your event.**

4. Activities Requiring Board of Commission Approval
 - a) Proposed activities deemed hazardous by Columbia County park staff will require the approval of the Columbia County Board of Commissioners before being allowed in the requested park site.

5. Compliance With Columbia County Park Rules

- a) Columbia County reserves the right to establish rules for the use and occupancy of park sites and facilities covered by this application.
- b) The Applicant agrees to comply with the established park rules and insure that guests/invitees are made aware of and also comply with the park rules.

6. Hold Harmless Agreement

"I, the undersigned applicant, agree to release, defend, indemnify and hold harmless Columbia County, its officers, agents, and employees, successors and assigns from all claims, suits, actions, liability, damage, loss, cost or expense, including but not limited to attorney fees, that Columbia County, its officers, agents, and employees, successors and assigns may sustain or incur on account of: 1) any damage to or destruction of any property that Columbia County may own or in which it may have an interest; 2) any damage to or destruction of any property belonging to any other person, firm or corporation; and 3) injury to or death of any person or persons as a result of any errors or omissions or other negligent, reckless or intentionally wrongful acts of Applicant, its officers, agents, and employees, members and/or invited guests arising in any manner out of Applicant's use of such facilities."

7. Notice pursuant to ORS 105.688

Any fee paid as part of this application is for the reservation of the specific area, at the specific time, and for the specific recreational use identified in this application. Pursuant to ORS 105.682 and ORS 105.688(4), Columbia County is not liable in contract or tort for any personal injury, death or property damage that arises out of the use of the park for any other recreational purposes, during any other time, or in any other area of the park.

By signing this application I certify that I have read and understand the terms and conditions of this agreement.

Applicant Signature: _____ Date: _____, 20__

Columbia County
Forests, Parks and Recreation Director: _____ Date: _____, 20__

OFFICE USE ONLY

Rental Fee: \$ _____ Deposit Received: \$ _____ Date: _____, 20__

Use Approved: ____ Use Denied: ____ By: _____ Date: _____, 20__

INSURANCE REQUIREMENTS

Frequently Asked Questions (FAQ)

The following are answers to the most frequently asked questions regarding the insurance requirements for events in Columbia County Parks.

Is insurance required for my event?

Yes, if any of the following applies:

- Your event will include 50 or more people;
- The group sanctioning your event is an organized sports group or a business, nonprofit, governmental or commercial entity;
- Alcohol will be served at the event; or
- Your event will require waiver of a Park rule, such as the “No Bows and Arrows Rule.” (NOTE: A waiver of a Park rule requires approval by the Columbia County Board of Commissioners. To ensure that you receive a waiver in time for your event, submit your request for a waiver at least 60 days in advance of your event date.)

If none of the above applies, insurance is not required for your event.

My event requires insurance. What kind of insurance will I need?

The County requires **general liability insurance** coverage in an amount of not less than \$2,000,000 combined single limit for the entire event. If alcohol will be served at your event, you must also have **liquor liability** coverage.

The County will accept a declaration page of your homeowner’s or renter’s insurance showing coverage in an amount of not less than \$2,000,000 instead of the general liability insurance described above, if your event:

- Will include less than 50 people, but requires a waiver of a Park rule; and
- Is NOT sanctioned by an organized sports group, or business, nonprofit, governmental or other commercial entity.

Where can I get the required insurance?

There are several options:

- If an organization is sanctioning your event, it may already have a blanket insurance policy that will cover the event. Check with your organization’s office.
- Check with your insurance agent about purchasing a special event or commercial insurance policy to provide liability coverage for the duration of your use of the park facility.
- There are also a number of insurance companies that you can find through the internet that provide special event insurance policies, such as but not limited to The Event Helper (www.theeventhelper.com) and Gales Creek Insurance Agency (www.eventinsurancenow.com).

Once I get insurance, then what?

You must submit to the Parks Department no later than **60 days prior to your event**, a Certificate of Insurance (COI) and an Additional Insured Endorsement (AIE) from the insurance company. **The name on the Facility Use Application and Agreement must match the name on the COI and AIE.** In addition, the COI and AIE must:

- Name “Columbia County” as the certificate holder;
- Name “Columbia County, its officers, agent, and employees” as additional insureds;
- Include a statement that the County shall be given no less than 30 days written notice of any cancellation; termination, expiration or material modification of the policy;
- Indicate whether the event includes an overnight stay; and
- Indicate whether alcohol will be served.

More questions?

Contact the Forest, Parks and Recreation Department at (503) 397-2353.

Planning to use or rent a municipal facility?



Protect Yourself and Your Guests

The **Event Helper** may be a good option for obtaining the liability coverage required by the public entity. It is a web-based organization specializing in special event coverage. They cover a wide variety of events, offer liquor liability, and provide limits up to \$2,000,000, all at a reasonable cost. The website is easy to navigate and will provide a quote within seconds. A certificate of coverage is emailed directly to the public entity as confirmation of coverage, once the coverage is purchased.

Get A Free Quote

To get a free quote visit www.theeventhelper.com and follow the steps below.

- Choose event location (Oregon), length of event, total attendees and type of event and click continue.
- Choose liability limits required by the public entity and host or retail liquor if needed. **Note: a quote is provided at this step.**

If you choose to purchase coverage, you will continue with the following steps.

1. Choose your date(s) for the event
2. Select other coverage options, if desired
3. Complete the eligibility questions
4. Provide your name and address
5. Provide additional insured information.
6. Agree to the terms and conditions agreement
7. Purchase the coverage

Note: You must provide the below information for the additional insured.

Name of Certificate Holder: Columbia County

Certificate Address: 230 Strand St.
St. Helens, OR 97051

Contact Email: melissa.enright@columbiacountyor.gov



citycounty insurance services
cisoregon.org



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/30/2015

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 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 AGENCY NAME 123 MAIN ST BURBANK CA 91502	CONTACT NAME: _____ AGENT NAME _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____
	INSURER(S) AFFORDING COVERAGE _____ NAIC # _____ INSURER A: INSURANCE COMPANY NAME _____ 12345 INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
INSURED INSURED NAME Must be the same name as the Facility Use Application. 123 MAIN ST BURBANK CA 91502	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		POLICY NUMBER	01/30/2015	01/30/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED _____ RETENTION \$ _____ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Columbia County, its officers, agents, and employees, are named as additional insureds with respect to the _____ (event name) to be held at _____ (park name) on MO/DD/YR.

This wording is a requirement. ↑

CERTIFICATE HOLDER **CANCELLATION**

Columbia County, Oregon 230 Strand, Room 318 St. Helens, OR 97051	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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This is a requirement. ←