



STANISLAUS COUNTY

PARKS & RECREATION

Stanislaus County Parks & Recreation Department
3800 Cornucopia Way, Suite C
Modesto, CA 95358
Office: (209) 525-6750 Fax: (209) 525-6773
www.stancounty.com/parks/

SPECIAL EVENT APPLICATION

Thank you for choosing a Stanislaus County Parks & Recreation facility to host your special event. To get started, please complete the attached Event Approval Request. Please be very thorough and provide full details of your event. List all activities planned, equipment that will be used and maps (if applicable), to outline layout and setup. Use additional pages if needed. If available, please attach your Operations Plan. Please refer to the [Event Approval Request Procedures](#) for information on the approval process.

Exclusive Use Permits are issued on a first-come, first-serve basis and applicants are encouraged to submit their application as far in advance as possible to secure the preferred location and to allow sufficient time for review and planning. Depending on the time of the year, some facilities and/or locations may have use restrictions. Each event is unique and will be reviewed on a case-by-case basis. Depending on the type and size of the event, a Certificate of Liability Insurance and coordination with outside local agencies such as the Sheriff's Department, Fire and Medical personnel may be required. The Department of Parks & Recreation will work closely with the applicant, internal and external agencies to aid in the planning of a successful event. Please do not hesitate to contact our office with any questions you may have.

Thank you for your interest in Stanislaus County Parks & Recreation facilities!



Event Approval Request

Park or Area to be used:	
Date(s) Requesting:	
Date(s) of Event:	
Time(s) of Event:	
Requesting Name of Organization/Group:	
Facebook / Website:	
Address:	
Contact Phone Number:	
Contact Person:	
E-mail:	
Details of Event: (Include equipments/ mobile units, attach another sheet if necessary)	

Check all applicable items below and list full details:

<input type="checkbox"/>	Exclusive Use Request	_____
<input type="checkbox"/>	Organized Competition	_____
<input type="checkbox"/>	Type of Event	_____
	Expected No. of Participants	_____
<input type="checkbox"/>	Serving Alcohol License Status	_____
<input type="checkbox"/>	Mobile Unit(s) - Type & Qty. (portable potties, list type)	_____
<input type="checkbox"/>	Public or Private Event	_____
<input type="checkbox"/>	Vendors (list type)	_____

IMPORTANT NOTICE: For special events, it is highly recommended that the applicant request for Exclusive Use of the desired facility through the Director of Parks & Recreation, as areas operated by the Department for recreational uses will remain accessible to the public unless an Exclusive Use request has been approved. A six (6) weeks advance written notice detailing the event must be submitted to the Department of Parks & Recreation prior to the event. Special events with 5,000 or more attendees are subject to a \$10,000 special event deposit. The applicant agrees to advise the Department of Parks and Recreation, a minimum of six (6) months prior to the reservation date, whether or not an event will be held. Failure to notify the Department may forfeit the reserved date in addition to the event and Exclusive Use fees. The County reserves the right to terminate for any reason with 180 day notice.

According to the Stanislaus County Code Title 18, Chapter 18.06.010 regarding Organized Competitions: Holding, sponsoring, advertising or participating in any organized competition is not permitted without having first obtained the permission of the Board of Supervisors, except organized competitions sought to be held on park property, then permission must be obtained from the Director of Parks & Recreation before the event. (Ord. CS 1113 § 1, 2012; Ord. CS 512§9, 1993).

By signing below, I acknowledge and understand the above and certify that the information I have provided above is true and correct to the best of my knowledge. I understand that I will be responsible to ensure I and/or my group abides by the Department of Parks & Recreation set requirements, use procedures, rules and regulations, and Stanislaus County Code. I further understand that I will be responsible to submit all required documents and all applicable fees pertaining to my event to the Department of Parks & Recreation prior to my event. Additionally, unless otherwise agreed upon, all other fees will be paid at the gate when applicable in accordance with the current Fee Schedule. You hereby, give the Department of Parks and Recreation permission to publish photographs taken for use in print, online and video-based marketing materials, as well as other department publications.

Applicant Signature: _____ Date: _____

Best Wishes For A Successful Event!

OFFICE USE ONLY		#		
Fee(s): Insert # of day-use(s) for all applicable fees.			\$90.00 Exclusive Use Fee Per Day	
			\$10.00 Reservation Fee Per Day / Per Use	
			\$10,000 Special Event Deposit	
			\$35.00 Court House Lawn Fee	
			All other fees will be paid at the gate in accordance with the current Fee Schedule.	
	Other:			
			Total Fees:	Paid in Full (Staff Initials):

Manager Approval: _____ Date: _____

Director Approval: _____ Date: _____

Comments: _____



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EVENT APPROVAL REQUEST POLICY AND PROCEDURE

POLICY

A Temporary Exclusive Use Permit grants the rights to temporary exclusive use of a County facility and provides the authority to use the facility pursuant to the Department's set requirements. This temporary exclusive use permit can be revoked at any time if the applicant conducts themselves in a manner inconsistent with the County's policies and Department rules and regulations.

It is highly recommended that the applicant request exclusive use of the facility as unless requested and approved, areas operated by the Department for recreational uses will remain accessible to the public and will be available for exclusive use by another party. By completing the [Event Approval Request \(EAR\)](#), the applicant agrees and shall ensure their group abides by the Department's set requirements, rules and regulations, Stanislaus County Code, and understands that this event may be cancelled due to noncompliance. If the event is an Organized Competition, please allow for additional time for processing and approval.

PROCEDURE

1. Request must be submitted in writing on the [Event Approval Request \(EAR\)](#) to the Department of Parks & Recreation and include a detailed description of the event and the area(s) requested.
2. The EAR may be submitted directly to the area Manager OR mailed to: Stanislaus County Parks and Recreation Attention: EAR 3800 Cornucopia Way, Suite C Modesto, CA 95358.
3. Upon completion and submittal of the EAR, the applicant will be contacted to further discuss location availability and the details of the event.
4. Upon approval from the area Manager and final approval from the Director of Parks & Recreation and when necessary, the Board of Supervisors for certain larger events, the event coordinator will notify the applicant and collect the necessary fees and documents (Operations Plan, Insurance, etc.) before issuing the final Director approved Temporary Exclusive Use Permit.
5. The final approved event will be placed on the Events Calendar that will be posted at <http://www.stancounty.com/parks/events.shtm>
6. Full payment of deposits and fees are due at the time of request.
7. Original documents must be submitted to the Department of Parks and Recreation.

8. The general required documents for special events include the following and can be obtained here: <http://www.stancounty.com/parks/events.shtm>
- a. Event Approval Request
 - b. Hold Harmless Agreements (HHA's). The Organizational Hold Harmless Agreement is due to the Department prior to the event. The Individual Hold Harmless Agreement(s), if participants are involved may be submitted immediately after event.
 - c. A Certificate of Liability Insurance and a separate Additional Insured Endorsement, identifying the following minimum limits must be submitted to the Department prior to the event. An insurance sample for reference is available. Please note: Additional insurance may be required for events.
 - i. \$1 million Personal Injury
 - ii. \$1 million Each Occurrence
 - iii. \$2 million General Aggregate
 - iv. \$1 million Auto Liability
 - v. Description section should state the event name, type, and location.
 - vi. The Certificate Holder section should have the following listed:
County of Stanislaus, Department of Parks and Recreation 3800
Cornucopia Way, Suite C Modesto, CA 95358-9492
 - vii. A separate Additional Insured Endorsements must list Stanislaus County, its officers, agents, volunteers, representatives, and employees as additionally insured on the policy.
 - d. Workers Compensation is required if the event will be hiring paid workers for the event. This requires that a Waiver of Subrogation be provided with the proof of Workers Compensation. If no workers will be used at the event, a statement of such on group/organization letterhead must be submitted to the event coordinator.
 - e. Insurance requirements are subject to change.
 - f. Food vendors will require the appropriate license/permit from the Environmental Health Department (209) 525-6700.
 - g. Any mobile units such as portable restrooms to be placed in the area of use must be pre-approved by the Department.
 - h. Attach the event flyer, maps and other related documents to the EAR (if applicable).
 - i. Depending on the type of event, proof of an Outdoor Entertainment Permit and noise waiver or Alcohol Permit may be required from the Sheriff's Office, and proof of a traffic routing plan may be required from the Public Works Department. Additional requirements may be requested from CHP, Fire Department, etc.
 - j. Certain larger events may require Board of Supervisors approval as well as coordination between departments and agencies, which would require more than the typical six (6) weeks advance notice, as the coordination between agencies can often take several months to work out the requirements and finalize the details.

Thank you for your interest in Stanislaus County Parks & Recreation facilities!



STANISLAUS COUNTY

PARKS & RECREATION

ORGANIZATIONAL HOLD HARMLESS AGREEMENT

The undersigned, representing (organization) _____, agrees to defend, indemnify and save harmless the County of Stanislaus, its officers, employees and agents from and against any and all claims, demands, liabilities or loss of any kind or nature which the County, its officers, agents or employees may sustain or incur or which may be imposed upon them for injury to or death of persons or damage to property as a result of or arising out of the use of the County facilities and premises by the person or organization named above or the officers, employees, or participants, patrons, or visitors. The undersigned further agrees to pay any and all costs and expenses, including but not limited to court costs and reasonable attorney's fees, incurred by the County on account of any such claims, demands, or liabilities.

Event Name: _____

Event Site: _____

Authorized Representative: _____

Address: _____

City/State/Zip: _____

Contact Phone: _____

Signature: _____

Date: _____

**Please return original to:
Stanislaus County Parks & Recreation
3800 Cornucopia Way, Suite C Modesto, CA 95358**



STANISLAUS COUNTY

PARKS & RECREATION

INDIVIDUAL HOLD HARMLESS AGREEMENT

In consideration of the granting of permission by the County of Stanislaus to use the County facilities and to participate in the activities, I hereby assume all risk of personal injury to person or property received by me or arising out of the use of the County facilities and adjacent area.

Event Name: _____

Event Site: _____

Print Name: _____

Address: _____

City/State/Zip: _____

Contact Phone: _____

Signature: _____

Date: _____

**Please return original to:
Stanislaus County Parks & Recreation
3800 Cornucopia Way, Suite C Modesto, CA 95358**



Liability Insurance Certificate & Additional Insured

Please submit your certificate of liability insurance with the following requirements:

- Please ensure all indicated coverage meets or exceeds minimum listed.
- Insurance Company must be admitted/ licensed to issue insurance in California with a Best rating of no less than A- and Financial Size Category of at least VII.
- The Named Insured on the certificate must be identical to the legal name listed on the Exclusive Use/Event Request Form.
- The 'Occur' box must be selected to cover on a per occurrence basis.
- Policy number.
- Policy period must cover the dates of the event and be a minimum of 6 months out.
- Describe event operations/locations/ vehicles/exclusions and/or special provisions.

ACORD		CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YYYY) MONTH/DA/Y/EAR	
PRODUCER INSURANCE AGENT/BROKER NAME, ADDRESS, AND CONTACT INFORMATION			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
INSURED NAMED INSURED AND ADDRESS INFORMATION			INSURERS AFFORDING COVERAGE				NAIC #
			INSURER A:	NAME OF INSURANCE COMPANY	ENTER NAIC #		
			INSURER B:				
			INSURER C:				
			INSURER D:				
			INSURER E:				
COVERAGES							
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/PROP AGG	\$ 2,000,000
							\$
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Occurrence)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
A	<input type="checkbox"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
A	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE	\$Enter Limit
						AGGREGATE	\$Enter Limit
							\$
							\$
A	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
							\$
	<input type="checkbox"/>	OTHER	Other coverages may also be included if applicable				
DESCRIPTION OF OPERATIONS / LOCATION S / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS							
CERTIFICATE HOLDER				CANCELLATION			
County of Stanislaus Department of Parks and Recreation 3800 Cornucopia Way, Suite C Modesto, CA 95358				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.			
				AUTHORIZED REPRESENTATIVE Must be signed			
ACORD 25 (2001/08)				© ACORD CORPORATION 1988			

Submit Certificate with Endorsement to:
Stanislaus County Parks and Recreation
3800 Cornucopia Way, Suite C
Modesto, CA 95358
Phone: (209) 525-6750 • Fax: (209) 525-6774



Additional Insured Endorsement

8 POLICY NUMBER: XXXXXXXX

COMMERCIAL GENERAL LIABILITY POLICY

Please submit your certificate of liability insurance with the following requirements:

8 This Endorsement must be attached to the certificate and must indicate the policy number, carrier name, and form number.

9 This section must list the Additional Insured specifically as indicated in this box.

10 The verbiage in this section shall be included in the endorsement.

NOTE: There must be endorsements for each policy on which the Additional Insured is covered under.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ CAREFULLY.

ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) or Organization(s)

9 County of Stanislaus, its Officers, Directors, Officials, Employees, Agents, Volunteers, and Representatives, which includes:

Department of Parks and Recreation
3800 Cornucopia Way, Suite C
Modesto, CA 95358

10 SECTION II—WHO IS INSURED is amended to include as an insured person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the Named Insured's completed and ongoing operations; insurance maintained by the Named Insured shall be primary, and the Additional Insured Entities shall be non-contributing, or a copy of the policy which state the equivalent shall be submitted in its entirety.

- A. The County of Stanislaus, Department of Parks and Recreation, its officers, directors, officials, employees, agents, volunteers, and representatives are to be covered as Additional Insured.
- B. For any claims related to the pertaining event(s) by the Named Insured, the insurance of the Named Insured shall be primary.
- C. Should any of the above described insurance and certificate of liability be modified or cancelled before the expiration date, the Named Insured will give a thirty (30) day written notice to the Additional Insured—County of Stanislaus.
- D. Additional Insured terms shall include completed and ongoing operations.
- E. Rights of subrogation and recovery against the Additional Insured Entities have been waived under all insurance policies listed herein.

Documentation of adequate funding to cover any indicated Self-Insured Retention must be provided i.e. financial statements, guarantor letter on organization letterhead, etc.

Special Event Liability Insurance is also available through Evanston Insurance Company, c/o Alliant Insurance Services, Inc., Special Event, PO BOX 6450, Newport Beach, CA 92658, (949) 756-0271, www.alliantinsurance.com

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