

APPLICATION FOR RENTAL OF SOUTH BEND PARKS

SECTION 1 - APPLICANT INFORMATION

Date of Application: _____

Applicant (Contact) Name: _____

Applicant (Contact) Phone: _____ Alt. Phone: _____

E-Mail: _____

Address: _____ City/State/Zip: _____

Organization Name: _____

SECTION 2 - EVENT INFORMATION

Event Name: _____

Is this a return event? Yes No Previous Date: _____ Previous Venue: _____ Previous Attendance: _____

Type of Event: Private (Invite Only/Guest List) Public (Open for Public/Anyone can Attend)

Type of Event: Community/Neighborhood Picnic/Fair Large Festival/Fair Service or Meeting Fundraiser 21+ Only
(Select all that apply)

Processional Event (Walk/Run) Other (Please specify: _____)

Name of Park Requesting: _____ Specific Site in Park: _____

Event Date Requesting: _____ Rain Date/Alt Date: _____

Anticipated Attendance Range: 1 - 75 75 - 150 150 - 500 500 - 1,000 1,000+

Event Start Time: _____ Event End Time: _____

Set-Up Date: _____ Set-Up Time: _____

Tear-Down Date: _____ Tear-Down Time: _____

Is the event ticketed? Yes No If yes, how much are tickets? \$ _____

How can the public purchase tickets? Before the event only Before the event and at the door At the door only

Is the applicant working on behalf of another organization? Yes No If yes, organization name: _____

Will the event require use of electric? Yes No Will the event require use of water? Yes No
Note: Water and electric are not guaranteed in any park. Water turn-on is dependent on season and weather conditions.

Brief Description of Event: _____

SECTION 3 – EVENT LOGISTICS

1) FOOD:

- Will an outside company or caterer be preparing and/or serving food in the park for this event? Yes No

IF YES:

- The event must apply for any necessary health permits and submit proof of approved permit to SBVPA within 1 (one) week of event. Each food vendor must also obtain necessary permits to serve on-site and must display these permits at the event.
- **Health Department Contact: (574) 235-9723 and/or visit www.sjchd.org.**

2) ALCOHOL:

- Will there be beer and/or wine served at the event? Yes No

IF YES:

- The event must purchase an alcohol permit from the Indiana State Excise Department and submit proof of approved permit to Venues Parks & Arts no later than 1 (one) week before the event.
- **Excise Contact: (574) 264-9480 and/or visit www.in.gov/atc.**

3) RENTALS:

- Will a company be providing any entertainment, equipment, portable restrooms, AV, stages, tents, or inflatables? Yes No

IF YES:

- Companies providing inflatables or other large-scale entertainment pieces must be approved by SBVPA. Once approved, the company must provide a certificate of insurance naming the City of South Bend, South Bend Venues Parks & Arts, and the Park Board of Commissioners as Certificate Holder.
- Final rental agreements with list of equipment from all hired companies must be submitted to SBVPA least 1 (one) week prior to the event.
- **NOTE:** Staking of any tents or other equipment is **NOT** permitted in any South Bend park.

SECTION 4 - PUBLIC WORKS

Will the event require the closure of any streets or use of any public sidewalks?

- No, the event will be entirely contained within the park *(If no, continue to Section 5)*
- Yes, the event will need to close a street or use a public sidewalk

IF YES:

Approval for park use is contingent upon the Board of Public Works approval. An Application for Use of Public Right of Way for Processions **MUST** be filled out **FOUR (4)** weeks prior to notice of event through the Board of Public Works:

Board of Public Works	Phone: 574-235-9251
1316 County City Building	Fax: 574-235-9171
227 West Jefferson Blvd.	email: publiccwsks@southbendin.gov

SECTION 5 - INSURANCE

A Certificate of Insurance (General Liability and Automobile Liability for \$1,000,000.00 each), naming each of the following **MUST** be received 1 week prior to your event:

The City of South Bend 227 W. Jefferson Blvd. South Bend, IN 46601	South Bend Venues Parks & Arts 321 E. Walter St. South Bend, IN 46614	Board of Park Commissioners 321 E. Walter St. South Bend, IN 46614
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Is the event interested in purchasing insurance through the City of South Bend?

- No, the event has its own insurance company that will provide insurance
- Yes, the event would like to learn more about purchasing insurance through the City of South Bend
IF YES: A SBVPA staff member will contact the applicant to discuss insurance options through the City of South Bend.

SECTION 6 – EVENT LAYOUT

A rough event layout should be submitted within 1 (one) week of event to SBVPA. Event layouts can be created using Google Maps or other aerial view software, hand drawn, or created in a design application. The event layout should include:

1. Outline of entire event venue including name of all streets/areas that are part of the venue and surrounding areas
2. Indication of any closed streets
3. The location of fencing, barriers and/or barricades. Indicate any removable fencing for emergency purposes.
4. Location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, booths, beer gardens, cooking areas, trash containers, dumpsters, and other temporary structures
5. The location of generators and/or source of electricity
6. Placement of vehicles and/or trailers
7. Exit locations, including any emergency routes and emergency action plan.

SECTION 7 – INDEMNITY & HOLD HARMLESS AGREEMENT

City of South Bend Venues Parks & Arts Department Contract
Indemnity & Hold Harmless Agreement

Date: _____ Event Date: _____

Event Name: _____

Organization: _____

Applicant (Contact) Name: _____

Applicant (Contact) Phone: _____ Alt. Phone: _____

E-Mail: _____

Address: _____ City/State/Zip: _____

Park Location: _____

Length of Event (Days/Times): _____

Insurance Amount: 1 million dollars – one day insurance rider naming City of South Bend, Board of Park Commissioners and South Bend Venues Parks & Arts.

Waiver:

Organization Name: _____ will release and discharge the City of South Bend and the Board of Park Commissioners, Parks Department, and all organization volunteers from any and all liabilities due to any damage, injury, or loss of property. I agree to this written contract and will abide by the rules set forth.

Authorized Organizer Signature_____
Printed Name and Title

Signed on this Date: _____ 20_____

SECTION 8 – REGULATIONS & AGREEMENT

The following procedures are those which must be followed to request the use of a city park for a special event outside of a pavilion or facility rental. **This does not include reserving a picnic site or renting a pavilion.**

1. **PARK BOARD:** New events must make a formal presentation in front of the Park Board. The Board meets the third Monday of the month at 321 E Walter St at 5:00 pm. Returning events do not need to appear before the Park Board unless there are changes (such as routes or park) or if there were problems with your event in the past.
2. **INSURANCE:** Proof of liability insurance must be provided at least one week in advance of the event. The city requires a \$1,000,000 per event policy naming South Bend Venues Parks & Arts, the Board of Park Commissioners, and the City of South Bend as additionally insured. Sample attached.
3. **UTILITIES:** Electricity is not guaranteed in any park. Water is turned off October through April. Water turn-on is dependent upon the weather.
4. **RENTALS FROM SBVPA:** Items requested for rental are not guaranteed. Rental is based on a first-come, first-served basis. See rental application for list and fees of available rental items.
5. **STAKING:** Staking of tents, bounce houses, or any other equipment is not permitted in any South Bend park.
6. **POST-EVENT:** Applicant assumes full responsibility of assuring the area will be cleaned up upon conclusion of the event. A post-event evaluation form may be completed and will focus on items such as clean-up of park space, damages, and/or security concerns. Additional costs may be incurred, and/or future park use requests may be denied if park is left in poor condition as determined by the Director of Facilities & Grounds.
7. **NOISE ORDINANCE:** The City of South Bend Noise Ordinance is in effect at all hours. Between the hours of 11:00 p.m. and 7:00 a.m. certain noises are particularly prohibited. These include operating radio receiving sets, musical instruments, phonographs and other sound reproduction devices if audible fifty (50) feet away, as well as shouting, yelling, hooting, whistling, or singing in the streets in a manner to disturb the peace (Municipal Code 13-57).
8. **RESPONSIBILITY:** If your event is not carried out in the manner in which you represent it to the Board of Park Commissioners, the event can be shut down immediately and can terminate any future events held in South Bend Parks.
9. **INDEMNIFY & HOLD HARMLESS:** Applicant agrees to indemnify, defend and hold harmless the Civil City of South Bend, Indiana, from any liability, loss, costs, damages or expenses, including attorney fees, which the Civil City of South Bend, may suffer or incur as a result of any claims or actions which may be made by any person, including a participant in the event/activity, arising out of the approval of this request by the Board of Park Commissioners.
10. **EXCLUSIVITY:** The event is not guaranteed exclusive access to the park being requested. The event cannot restrict access to utilities to the public, including restrooms, playgrounds, and water. Exclusive use of a parking lot is not guaranteed.
11. **APPROVAL:** All requests are processed on a first-come-first-serve basis, and no date will be confirmed until all materials, including payment, are submitted and approved. There is no legal or binding commitment between the parties until you receive an official rental permit.

I have read and agree to the above rules and regulations and that this request may be denied based on any false or incomplete information. I have also received and read the pamphlet with the City of South Bend Park Ordinances.

Date: _____

Applicant Signature: _____

Printed Name: _____

IN-KIND RESOURCES/SPONSORSHIP APPLICATION

APPLICANT & EVENT INFORMATION

This application is to request the use of certain resources from SBVPA at a discounted rate. Not all requests are guaranteed to be granted. A SBVPA staff member will respond to your application within five business days of submission.

Date: _____ Event Date: _____

Event Name: _____

Organization: _____

Is this a registered non-profit? Yes No If yes, what is the non-profit ID? _____

Applicant (Contact) Name: _____

Applicant (Contact) Phone: _____ Alt. Phone: _____

E-Mail: _____

Address: _____ City/State/Zip: _____

What is the mission of this organization? _____

How would in-kind resources from Venues Parks & Arts positively impact the organization and/or event?

Please indicate which items you are requesting to be provided in-kind:

- Reduced Park Usage Fee
- Rock Climbing Wall - \$250
- Stage (12'x24' - 24'x32') - \$500
- Red Spinning Chairs - \$50
- Gray Picnic Tables - \$125
- Gray Benches - \$125
- Bleachers (3 Row) - \$175
- Trash Containers - \$50
- White PVC Fencing - \$250
- Sandbags - \$100

Submit this application to:

South Bend Venues Parks & Arts | parkrental@southbendin.gov | 321 E. Walter St., South Bend, IN 46614

SAMPLE EVENT LAYOUT & EMERGENCY ACTION PLAN

EMERGENCY ACTION PLAN

In case of...

FIRE - Event attendees will be directed to the large, main parking lot where food trucks are located. Guests will then be evacuated out of the park, if necessary, via the main park road.

TORNADO - Event attendees will be directed to the Nature Center and/or pavilion restrooms to take cover.

THUNDERSTORM - Event attendees will be directed to the Nature Center to take cover.

OTHER THREATS - Event attendees will be directed away from the immediate threat and will be instructed to either evacuate the park via Ewing St exit, or will be directed to take cover in the Nature Center or pavilion restrooms.

NOTE: This is map and emergency action plan is not intended for actual event use, and is only to be used as a sample template for your event.



SAMPLE CERTIFICATE OF LIABILITY INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/01/2014

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 Insurance Company	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ _____ _____														
INSURED _____ _____ _____ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
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	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				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>PER STATUTE</td><td style="text-align: right;">\$</td></tr> <tr><td>OTHER</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td></tr> </table>	PER STATUTE	\$	OTHER	\$	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$				
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule may be attached if more space is required)
 Revised - Evidence of Liability Insurance for a Fun Fair on August 12, 2014
 Liability Additional Insured = Board of Park Commissioners and the City of South Bend, Indiana, subject to the coverage provided by the referenced A220

CERTIFICATE HOLDER The City of South Bend, South Bend Venues Arts & Parks Department and the Board of Park Commissioners 321 E. Walter Street South Bend, IN 46614	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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