



## **APPLICATION FOR USE OF ATHLETIC FIELDS AND RINKS**



Please submit application in person at the Parks & Recreation office or email to <a href="mailto:rentals@covinaca.gov">rentals@covinaca.gov</a>

APPLICANT INFORMATION						
NAME*	EMAIL					
ADDRESS		CITY AND ZIP				
CELL PHONE		ALTERNATE PHONE				
ORGANIZATION/BUSINESS (If appli	icable)	ARE YOU A NON-PROFIT?				
*This person assumes respons	sibility for field or rink use and	d will be the sole contact for the	he City.			
RESERVATION INFORMAT	ION					
Applications must be submitt requested.	ed at least 30 calendar days,	but no more than 6 months p	rior to the date facility is			
FIELD REQUESTED: COVII	NA PARK SOFTBALL FIELD (Four	rth Avenue and Badillo Street)				
HEYLE	ER SOFTBALL FIELD (1100 East Ba	adillo Street - Royal Oak Middle Schoo	ol campus)			
HOLLENBECK PARK SPORTS FIELD (1250 North Hollenbeck Avenue)						
WING	GATE PARK GRASS AREA (735 No	orth Glendora Avenue) (NO Lights Av	ailable*)			
SUNK	IST PARK GRASS AREA (815 Nor	th Barranca Avenue) (NO Lights Avail	able*)			
COVII	NA PARK HOCKEY RINK (301 No	rth Fourth Avenue)				
	GATE PARK HOCKEY RINK (735 National parties of the state	North Glendora Avenue) (NO Lights A	vailable*)			
ARE YOU REQUESTING AN ON	IGOING RENTAL? YES NO	O WILL FEES BE CO	LLECTED? YES NO			
IF YES, HOW MANY WEEK	S ARE REQUESTED?	IF YES, FOR	R WHAT PURPOSE?			
IF RESQUESTED FIELD IS NOT	AVAILABLE ARE YOU INTERES	TED IN ANOTHER LOCATION?	YES NO			
<b>DAY(S)</b> List all days requested	DATE(S) List all dates requested	START TIME (Including setup)	END TIME (Including cleanup)			
1st Choice:	List all dates requested	(moraumg secup)	(merading eleanap)			
2 <sup>nd</sup> Choice:						
PURPOSE OF USE/DESCRIPTI	ON OF ACTIVITIES	1	ESTIMATED ATTENDANCE			
. J.M. JJE OI JJE/DEJCMF11	OIL OI ACIIVIIILS		2311MATED ATTEMBANCE			

#### **HOLD HARMLESS AND INDEMNIFICATION AGREEMENT**

WHEREAS, the City of Covina has granted permission to the undersigned to use the facilities and,

WHEREAS, in consideration of the use of said facilities the undersigned is willing to hold the City of Covina, its officers, and employees harmless and indemnify it against liability as described below.

NOW THEREFORE, the undersigned hereby agrees as follows:

- 1. That neither the City of Covina nor any officer or employee thereof shall be responsible for any damage or liability occurring by reason of anything done or omitted by the undersigned in connection with the use of the above facilities.
- 2. That the undersigned shall fully indemnify, defend and hold the City of Covina, its officers, and employees harmless from any and all liability or anything done or omitted to be done by the undersigned in connection with the use of said facilities.
- 3. That the undersigned, if required, shall submit a certificate of liability insurance and an endorsement naming the City of Covina, and if applicable, either Covina-Valley Unified School District or Charter Oak Unified School District as additional insured with a minimum of two million dollars (\$2,000,000) per occurrence and two million dollars (\$2,000,000) aggregate coverage.

APPLICANT'S SIGNATURE:	DATE:
ACKNOWLEDGMENT AGREEMENT	
Please initial to acknowledge understanding of the following	before submitting application.
I have reviewed all rental policies and fees and agree	e to be compliant.
I understand that the application must be submitted	d at least 30 days prior to my rental date.
I understand that submission of my application does	not automatically grant approval.
I understand that I will be notified within 5 business	days if my application has been approved.
I understand that rental policies may be added or ch response to public health and safety.	anged as deemed necessary by the City of Covina in
I understand that I will have to pay light fees if my re	equested rental is after dusk.

# FIELD USE FEES AND POLICIES

## FEE SCHEDULE - FIELDS

	COVINA-BASED NONPROFIT ORGANIZATION, COVINA BUSINESS OR COVINA RESIDENT	NON-COVINA BASED NONPROFIT, NON-COVINA BUSINESS OR NONRESIDENT		
SECURITY DEPOSIT	\$200	\$200		
FIELD USE FEES (2-HOUR PERIOD)	7 a.m-5 p.m./5 p.m10 p.m.	7 a.m5 p.m./5 p.m10 p.m.		
SOFTBALL FIELDS (Covina, Heyler)	\$60/\$75	\$80/\$105		
HOLLENBECK PARK SPORTS FIELD	\$60/\$75	\$80/\$105		
SUNKIST PARK GRASS AREA (8 a.m. – Dusk)	\$50	\$65		
WINGATE PARK GRASS AREA (8 a.m.– Dusk)	\$50	\$50		
LIGHT USE FEES (PER HOUR)				
COVINA PARK	\$25	\$25		
HEYLER FIELD	\$33	\$33		
HOLLENBECK PARK	\$33	\$33		
HOCKEY RINKS USE FEE (2-HOUR PERIOD)				
COVINA PARK HOCKEY RINK	\$75	\$75		
WINGATE PARK HOCKEY RINK	\$75	\$75		

#### **RULES, REGULATIONS, AND POLICIES**

Community fields and related facilities shall be available for use as deemed appropriate by the Parks & Recreation Director or designee. Examples of appropriate use are team practices, scrimmage games, and family picnics. Large events or tournaments are considered on a case-by-case basis and would potentially require additional processing time, permitting and fees. The Parks & Recreation Director reserves the right to cancel any reservation if it is in the best interest of the City, its residents, or public health to do so.

#### A. CLASSIFICATIONS

- 1. COVINA-BASED NONPROFIT ORGANIZATION, COVINA BUSINESS OR COVINA RESIDENT
  - Nonprofit groups based in Covina (i.e. facility must have a Covina address or regular established meeting place must be in Covina), such as sports leagues, PTA, Girl Scouts, Boy Scouts, boosters, service clubs, churches, etc. Proof of 501c3 status may be required.
  - Individuals who reside in Covina, i.e. zip codes 91722, 91723, or 91724. This individual will be responsible for rental, all payments, and must be present at the event and stay for the duration of the rental. Residents may not rent facilities for a nonresident's use. Proof of residency in the form of a current utility bill is required at time of application.
  - Businesses with a Covina address, i.e. zip codes 91722, 91723, or 91724. An authorized representative from the business will be responsible for the rental and must be present for the duration of the rental. Payments must be made with business check or credit card or cash.
- 2. NON-COVINA BASED NONPROFIT ORGANIZATION OR BUSINESS, OR NONRESIDENT

All individuals living outside the City of Covina or any nonprofit organization or business based outside of Covina.

#### B. RESERVATION POLICY

- 1. Applications may be submitted in person to the Parks & Recreation office, 1250 North Hollenbeck Avenue, Covina 91722 or emailed to **rentals@covinaca.gov**.
- 2. All reservations will be taken on a first-come, first-served basis. Reservations shall be issued in the order of receipt of official application form, subject to availability.
- 3. Reservations will only be issued to persons who are at least 21 years of age. This person must be in attendance for the entire function.
- 4. Review of application may take up five working days.
- 5. No reservation will be taken over the phone or without a completed application.
- 6. Facilities are not available for rent on New Year's Eve and New Year's Day, Easter weekend, Mother's Day, Memorial Day and weekend, Father's Day, Independence Day, Labor Day and weekend, Thanksgiving Day and weekend, first Saturday in December, Christmas Eve and Christmas Day.
- 7. Facilities are reserved in 2-hour "Use" increments only with a minimum rental time of one "Use" period.

  Reservation times must include setup and cleanup periods.

#### C. <u>INSURANCE</u>

All groups utilizing City of Covina facilities may be required to submit a certificate of liability insurance AND an additional insured endorsement with a minimum of two million dollars (\$2,000,000) per occurrence and two million dollars (\$2,000,000) aggregate coverage, naming the City of Covina, its officers, employees, agents and volunteers as additional insured. Examples of the required documents are attached to this application (Attachment A & B). Groups/companies/organizations utilizing City of Covina field and facilities may also be required to submit a certificate of workers' compensation insurance as required by the State of California and Employer's Liability Insurance with a minimum limit of One Million Dollars (\$1,000,000) per accident for bodily injury or disease. If group/company/organization has no employees while performing services under this Agreement, workers' compensation policy is not required, but group/company/organization shall provide an executed declaration that it has no employees.

#### D. FEE PROCEDURE

- 1. Upon approval, applicant will be sent a quote. After quote is accepted a billing statement will be issued. Fees and/or required documentation must be submitted by date indicated on statement. Failure to pay fees or submit documentation by the due date will result in cancellation of reservation.
- 2. Fees may be paid by cash, money order, check, or credit card. All payments must be made by the <u>applicant only, i.e. applicant's name must appear on check or credit card</u>. Credit card payment can be made over the phone or online.
- 3. There will be a \$25 charge on all returned checks (NSF, stopped payment, or closed account).

#### E. <u>SECURITY DEPOSIT AND REFUND POLICY</u>

- 1. The refundable security deposit will be held until after the scheduled use.
- 2. If field/facility is left in a clean and undamaged condition and all city rules and regulations have been followed, then the deposit will be refunded in full.
- 3. If any of the following conditions are found or circumstances occur, then all or part of the deposit will be forfeited.
  - The field/facility is left dirty or damaged.
  - The group has not left the field/facility on time. (Any group staying later than originally reserved time will be charged at one and one-half times the regular rental fee and staff fee.)
  - Alcohol is present during the use.
  - City/School District property/equipment has been defaced, lost, damaged, or destructed.
  - Any other condition/circumstance deemed unacceptable by the Parks & Recreation Director.
- 4. If Security Deposit is inadequate to cover damages, then applicant will be billed for the remaining cost of the damages.
- 5. Refund will be processed in approximately 2-4 weeks following use.
- 6. Full refunds will be processed in the event the use is cancelled by the City prior to the scheduled date.

#### F. TRANSFER POLICY

**Subject to facility availability**, an applicant may request a transfer from one facility, date, or time to another facility or later date/time by following these procedures:

1. The applicant must notify the Parks & Recreation office at least 30 calendar days in advance of originally approved rental date.

2. A transfer fee of \$25 will apply for all approved transfers. Requested reschedule date must be at least 30 days from date transfer is requested.

#### G. CANCELLATION POLICY

- 1. Applicant must email their cancellation request to the Parks & Recreation Department office at, rentals@covinaca.gov. Applicant should also call the Parks & Recreation office to provide notification.
- 2. Cancellations must be made at least 21 days in advance of scheduled rental date to receive a full refund of any fees paid.
- 3. Cancellations made less than 21 days in advance of scheduled rental date will be charged a fee equal to 50% of the total "Use Fee" of rental.
- 4. Use fees for cancellations less than 48 hours will not be refunded.
- 5. Security deposits will be refunded in full for all cancellations.

#### H. INCLEMENT WEATHER POLICY

Athletic field uses will be canceled by the City if it is scheduled to rain at the time of the rental/use, if there is lightning present, or fields are not in playable condition. If use cannot be rescheduled, a full refund will be processed. Groups wishing to cancel due to potential inclement weather must do so 5 days prior to the scheduled use. Use fees will be applied to the rescheduled use date.

#### I. ALCOHOL, CONTROLLED SUBSTANCES, SMOKING, AND CONDUCT

- 1. Alcoholic beverages and controlled substances are not permitted in City parks and sports fields/rinks, nor on any School District property.
- 2. Smoking of tobacco, or any substance, is not permitted in City parks and sports fields/rinks, nor on any School District property. This includes e-cigarettes and vaping.
- 3. Profane language, indecent conduct, unusually loud amplified music, or any other activity that creates a disturbance will not be permitted.

#### J. CONTINUAL USE GROUPS

If a facility is available, and pending approval of the application, requested facility may be available on a continual use basis. Groups meeting regularly must notify the Parks & Recreation Department at least 14 days in advance when they will not be using the facility. Groups will be billed until notification is received.

#### K. GENERAL RULES AND REGULATIONS

- 1. Applicant is responsible for keeping all guests/participants in rented areas. Guests/participants are not allowed in non-rented areas.
- 2. Proper supervision of youth is required at all times during rental. A minimum of one adult per 15 youth/teens is required at all times while using City fields or rinks
- 3. Gambling, use of profane language, loud or boisterous talking, or improper conduct will not be permitted.

- 4. The City is not responsible for any lost or stolen articles.
- 5. The rental group must obey instructions of the City employee(s) on duty.
- 6. Any accident occurring in a City facility, which causes injury to any individual must be reported to the staff person on duty immediately.
- 7. Discrimination by rental groups is prohibited. The City of Covina shall not rent, lease, or allow use of its public facilities by any person or organization that illegally discriminates on the basis of race, color, creed, marital status, sex, religion, national origin, ancestry, sexual orientation, or handicap condition.
- 8. It is against City policy for any employee to receive any form of cash, gift, tip or gratuity. A letter to an employee's supervisor would, however, be appreciated if service has been noteworthy.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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.

	certificate does not confer right	s to the certificate h				AND THE RESERVE		
PRODUCER			CONTACT NAME: PHONE (AC. No.): (AC. No.):					
			E A	-MAIL DORESS:			-	
			-	INSI	JRER(S) AFFOS	COVERAGE	- 1	NAICA
	,			ISURER A :				
NSURE	o c		,	ISUREA 8 :			1	
				ISURER C:			- 1	
				ISURIER D :				
			,	SUITER E :				
			95	ISURIER F:		Ţ		
COVE	RAGES CE	ERTIFICATE NUMB				REV SION NUMBER:	-	
CER	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY TIFICATE MAY BE ISSUED OR MA LUSIONS AND CONDITIONS OF SUC	REQUIREMENT, TERM Y PERTAIN, THE INS	URANCE AFE	FANY TRACI	E DE	NAMED ABOVE FOR TO DOCUMENT WITH RESPE- D HEREIN IS SUBJECT TO	CT TO Y	WHICH THIS
ESTI	TYPEOFINSURANCE	[ADDLE UBR]	POI MBE R	POLICY FFF T	POLICY EXP	LMI	18	
IN	COMMERCIAL GENERAL LIABILITY	INSD WVD	J.J. ISER	MMDDYYYY	MM/DD/YYYYY	EACH OCCURRENCE		
	CLAIMS-MADE COCUR					TUANAGE TO HENTED		
	COMO-MODE COCON					PREMISES (Ea occurrence) MED EXP (Any one person)	5	
1	ENT. AGGREGATE LIMIT APPLIES PER	=				PERSONAL & ADV INJURY GENERAL AGGREGATE	1	
0	200							
-	3 (4.0) (5.0) (4.0) (7.0) (4.0) (4.0) (4.0) (4.0) (4.0) (4.0) (4.0) (4.0) (4.0) (4.0) (4.0) (4.0) (4.0) (4.0)				3	PRODUCTS- COMP/OPAGE	1	
1	OTHER: UTOMOBILEUABILITY					COMBINED SINGLE LIMIT	5	
1	ANY AUTO				1	(Exaccident) BODILY INJURY (Per person)	1	
	OWNED SOHEDULED					BOOLY INJURY (Per accident)	5	
-	AUTOS ONLY AUTOS NON-OWNED					PROPERTYD AMAGE	1	
-	AUTOS ONLY					(Per accident)	-	
+	UMBRELLA LIAB COCCUR			-	_		\$	
-	COCON					EACH OCOURRENCE	1	
-	EXCESS LIAB CLAVISAV	4			1	AGGREGATE	\$	
w	DED RETENTION S ORKERS COMPENSATION			- 8 - 1	-	PER OTH-	5	
A	NO EMPLOYERS' LIABILITY Y	N.				TO DESCRIPTION OF THE PERSON	8	
O	YPROPRIETOR PARTNER/EXECUTIVE FRCER/MEMBER EXCLUDED?	N/A				EL EACH ACCIDENT	\$	
	landatory in NH) ves. describe under					E.L. DISEASE - EA EMPLOYEE	1	
01	yes, describe under ESCRIPTION OF OPERATIONS below	4				EL DISEASE - POLICY LIMIT	\$	
T	he City of Covina, its off dditional Insureds.							
ERT	TFICATE HOLDER			ANCELLATION				
City of Covina 125 E. College Street			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Covina, CA 91722			4	AUTHORIZED REPRESENTATIVE				
	50a, <b>555</b>	_						
	- 81							

@1988-2015 ACORD CORPORATION. All rights reserved.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY CG 20 26 04 13

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

#### Name Of Additional Insured Person(s) Or Organization(s):

The City of Covina 125 E College ST Covina, CA 91723

Its officers, employees, agents and volunteers are named as Additional Insureds.



Information required to complete this Schedule, if not shown allowed be sometime to Declarations.

- A. Section II Who Is An Insured is amended include as an additional insured the person(s) organization(s) shown in the Schedule, but or with respect to liability for "bodily injury" coper damage" or "personal and adverses actions omissions or the acts or omissions of those acting on your behalf:
  - In the performance of your ng perations
  - 2. In connection with your prenises owned by or rented to you

#### However:

- The insurance afforder to such additional insured only applied the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- - If co erage provided to the additional insured is quired by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:
  - 1. Required by the contract or agreement; or
  - Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.