

## Tournaments & Special Events **ATHLETIC FIELD RESERVATION APPLICATION**

Thank you for your interest in the City of Burlington! Reservations for the City's athletic fields are coordinated by its Parks & Recreation Department. Are you interested in playfield reservations to host a tournament or special event? Please read on for more information regarding application. Are you in need of playfield reservations to accommodate league games, a camp or clinic, or for single/incidental use? Please see the City's separate application for this type of use found at [www.burlingtonwa.gov/parksandrec](http://www.burlingtonwa.gov/parksandrec) or by contacting Parks & Recreation at (360) 755-9649 or [BParks@burlingtonwa.gov](mailto:BParks@burlingtonwa.gov).

### **Reservations**

Reservations for tournaments or special events using playfields may be made up to 1-year in advance. Priority for reservations is given in the following order:

1. Any City sponsored or co-sponsored tournament or event;
2. Tournaments or events in good standing with the City that have 2 or more years of consecutive use;
3. Any new tournament or event, or those with less than 2 years of consecutive use.

Playfields are available for athletic events from March through mid-November annually.

### **Application**

Complete **pages 3-6** of the Athletic Field Reservation Application for Tournaments & Special Events and return to Burlington's Parks & Recreation Department.

In order for the City to successfully support your event, it is important to be thorough and explicit with your application responses.

Please be aware that application submittal does not guarantee reservation confirmation and that no binding commitment exists until a Field Use Permit has been issued.

The Parks & Recreation Department endeavors to respond within 10-days of submission.

Be sure to read the City's Athletic Field Use and Reservation Policy for important information regarding mutual expectations and responsibilities for your event.

### **Submittal**

Submit completed pages 3-6 of this application document to: Burlington Parks & Recreation  
900 E. Fairhaven Avenue  
Burlington, WA 98233  
or [BParks@burlingtonwa.gov](mailto:BParks@burlingtonwa.gov)

Questions can be directed to (360) 755-9649 or [BParks@burlingtonwa.gov](mailto:BParks@burlingtonwa.gov)

### **Insurance Documentation**

With reservation confirmation, the City will require valid insurance documentation from the organization or the individual sponsoring the event.

Valid documentation must consist of an Endorsement page and a Certificate of Insurance which meet the City's minimum requirements.

The documents must be received *at least* 30-days prior to your event.

Please see **page-7** for detailed information regarding the requirements.

### **Payment Schedule**

- Upon reservation confirmation  
Security deposit is due. The deposit is refundable when all field use policies have been strictly followed. The deposit amount is dependent on the amount of field space reserved, ranging from \$500 to \$2000.
- 14-days prior to tournament/event date  
50% of all anticipated fees
- Upon event conclusion  
The balance of all applicable field rental fees and associated fees (i.e. portable restrooms, vendors, field lining...)

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# ATHLETIC FIELD RESERVATION APPLICATION for TOURNAMENTS & SPECIAL EVENTS

<b>APPLICANT INFORMATION</b>	<b>NAME OF EVENT:</b>	<b>START DATE:</b>	<b>END DATE:</b>
	Name of Sponsoring Organization or Individual		
	Classification		
	<input type="checkbox"/> Non-Profit, ID# _____ <input type="checkbox"/> Private Citizen or Group <input type="checkbox"/> For Profit/Commercial		
	Primary Phone	Organization or Event Website Address	
	Mailing Address		
City: _____ State: _____ Zip: _____			

<b>AUTHORIZED AGENT INFORMATION</b>	Name of Authorized Agent ( <input type="checkbox"/> Same as Applicant)		
			Title:
	Phone1	Phone2	
	<input type="checkbox"/> Cell	<input type="checkbox"/> Cell	
	Email Address		
	What contact information can be shared with the General Public?		
<input type="checkbox"/> Phone1 <input type="checkbox"/> Phone2 <input type="checkbox"/> Email <input type="checkbox"/> Other: _____			
Name of Contact Person for Billing ( <input type="checkbox"/> Same as Authorized Representative)			
Phone	Email Address		

<b>ON-SITE CONTACT PERSONS</b> Day-of Event	Name of Primary Contact Person ( <input type="checkbox"/> Same as Authorized Rep)	
	Title:	
	Cell Phone Number	Email Address
	Name of Alternate Contact Person	
Title:		
Cell Phone Number	Email Address	

<b>EVENT OVERVIEW</b>	Event Type	Describe Participation Fees
	<input type="checkbox"/> Tournament Sport Type: _____ <input type="checkbox"/> Special Event <input type="checkbox"/> Annual Event? Year Began: _____	
	<input type="checkbox"/> Adult <input type="checkbox"/> Youth <input type="checkbox"/> Men/Boys <input type="checkbox"/> Women/Girls <input type="checkbox"/> Co-Ed	
	Describe Event	
	(Estimated) Attendance	
	# of Teams/Participants:	# of Staff/Volunteers day-of Event:
# of Participants per Team:	Estimated Crowd Size (per day):	
Max distance Participants will travel to attend:		

<b>FIELD TYPE REQUESTED</b>	<b>BASEBALL / SOFTBALL</b>			
	Base Path Length & Quantity Needed:			Location(s) Requested:
	55' # _____	60' # _____	90' # _____	<input type="checkbox"/> Skagit River Park
	Other, Describe:			<input type="checkbox"/> Rotary Park
<b>GRASS FIELDS</b>				
Dimensions Needed:	Min Quantity Needed:	Max Quantity Needed:	Location(s) Requested:	
yds x     yds			<input type="checkbox"/> Skagit River Park East	
yds x     yds			<input type="checkbox"/> Skagit River Park West	
yds x     yds			<input type="checkbox"/> Dike District Playfields	
Other, Describe:				

<b>RESERVATION DATES REQUESTED</b>	<b>EVENT SETUP / PREP / STAGING</b>			
	Day:	Date:	Start Time:	End Time:
	<b>EVENT DAYS &amp; DATES (Open to Attendees)</b>			
	Day:	Date:	Start Time:	End Time:
	<b>EVENT CLEANUP</b>			
	Day:	Date:	Start Time:	End Time:
<b>OTHER REMARKS</b>				

<b>EVENT FEATURES or SERVICES</b> Check ALL that Apply	<b>EVENT FEATURES OR SERVICES</b>			
	__ First Aid Station will be provided			
	__ Painted Field Lines will be used		<input type="checkbox"/> Park Staff Assistance Needed	
	__ Use of Concession Room needed		Purpose: _____	
	__ Use of Scoreboards needed (baseball only)			
	__ Use of City supplied Utilities needed <input type="checkbox"/> Water <input type="checkbox"/> Electricity			
	<b>EQUIPMENT/STRUCTURES</b>			
	Indicate equipment or structures that will be setup for your event:			
	__ Barricades	__ Canopy without sidewalls.	<input type="checkbox"/> Size is ≥700sqft	__ Stage/Scaffold
	__ Bleachers	__ Tent with 1 or more sidewalls.	<input type="checkbox"/> Size is ≥400sqft	__ Waste/Recycle Dumpster
__ Generator			__ Windsock/Inflatable Signs	
Other Equipment/Structures:				

**REQUESTED EVENT FEATURES**

**SPECIAL REQUESTS**  
Separate Permit may be required

- Alcohol (Beer, Wine, Spirits) Describe: \_\_\_\_\_
- Amplified Music/Sound Describe: \_\_\_\_\_
- Animals Purpose: \_\_\_\_\_
- Food Sales or Service Anticipated # of Vendors: \_\_\_\_\_  Provided at no charge
- Inflatables/Amusement Rides Describe: \_\_\_\_\_
- Info Booths (No Sales) Anticipated # of Booths: \_\_\_\_\_
- Sales of Merchandise or Services Anticipated # of Vendors: \_\_\_\_\_
- Open Flames Describe: \_\_\_\_\_
- Overnight Camping Estimated RV/Tent Count: \_\_\_\_\_
- Street Closure(s)
- Fireworks/Pyrotechnics

Describe any other features you wish to request for your event:

**FIELD USE AGREEMENT & ACKNOWLEDGMENTS**

Your **INITIALS** below will indicate your understanding of each acknowledgment and your commitment to comply:

**CONDITIONS OF FIELD USE**

- Minimum Age.** I certify that I am 18 years of age or older and am an authorized representative of Applicant.
- Application Timeline.** I understand that I may expect receipt acknowledgment from Burlington Parks & Recreation within 10 business days of my application submittal.
- Insurance.** The City of Burlington does not maintain insurance that will respond to claims against me, the Applicant, arising from my use, my affiliated members and/or participants' use, or use by those attending my event. I will provide written documentation meeting the minimum requirements outlined in the City's Athletic Field Use and Reservation Policy as proof of my general liability insurance coverage. *(Sample information can be found on page 7 of this document.)*
- Zackery Lystedt Law (Concussion and Sudden Cardiac Arrest Law).** I, the Applicant, agree that if I am an organizer of youth sports programs, I will comply with all provisions of the Lystedt Law, House Bill 1824, RCW 4.24.660 and RCW 28A.600.195. *(Detailed information regarding the Lystedt Law can be found in the City's Athletic Field Use and Reservation Policy, section 5.1.1.)*
- Gender Equality Act.** I, the Applicant, agree to abide by all provisions of the Gender Equality Act, RCW 49.60.500-49.60.505, which stipulates no person shall be discriminated against on the basis of sex in their participation in community athletic programs. *(Detailed information regarding the Gender Equality Act can be found in the City's Athletic Field Use and Reservation Policy, section 5.1.2.)*
- Field Use & Park Rules.** I, the Applicant, have read, understand and agree to abide by all field use policies and park rules described in the City's Athletic Field Use & Reservation Policy.
- Alcohol & Marijuana.** Washington State law prohibits the consumption or use of alcohol or marijuana products in any form in public places, which includes all City of Burlington outdoor park facilities. It also prohibits the opening of packages containing alcohol or marijuana products in any form. Please refer to RCW 66.44.100 and 69.50.445 for detail. A person who violates these sections is guilty of a class 3 civil infraction under chapter 7.80 of the RCW.

**CONDITIONS  
OF FIELD USE**  
continued

**Standard of Behavior.** I, the Applicant, understand that I, my affiliated members and/or participants, and those in attendance of my event are expected to obey all laws governing the City of Burlington and the State of Washington and to behave in a respectful manner during our use of the playfields. Fighting, abusive or threatening language, public urination, intoxication and littering are examples of behaviors that are considered unacceptable. I understand it is my responsibility to address unacceptable behavior if it occurs. The City of Burlington may at its discretion terminate my Field Use Permit if unacceptable behavior concerns persist.

**Field Prep & Cleanup.** Equipment I wish to setup to support my event must be preapproved, in writing, by the City. I understand that I am responsible for leaving my designated playfield area free of debris and garbage upon my event's conclusion. I will place garbage created by my event in the waste dumpster provided onsite or I will haul it off-site. I also understand that I will be responsible for payment of a cleanup fee when the City deems my post-event cleanup inadequate.

**Cancellations & Changes.** I understand that once my application is approved, the Cancellation & Refund Policy described in the City's Athletic Field Use & Reservation Policy applies. My written confirmation must be received by the City in order for my cancellation or change to be considered binding.

**Departmental Access.** I understand that Burlington Parks & Recreation and the City's authorized representatives shall have free access to the premises at all times.

**Private Vehicles.** My personal vehicles and those of my affiliated participants and guests are not permitted on the playfields at any time unless prior written approval has been granted by the City.

**Playfield Conditions.** I understand that my playfield reservations may be cancelled at the City's discretion when it has determined imminent conditions exist that could potentially cause damage to the playfields or put field users' safety at risk. Should this occasion occur, I can expect the City to notify me with as much advance notice as is feasibly diligent.

**HOLD HARMLESS  
&  
INDEMNIFICATION  
AGREEMENT**

**With my signature below,** I, the Applicant or Authorized Representative of the Applicant, hereby request of the City of Burlington the use of City facilities as described herein and certify that the information in this request is correct and complete.

I agree that no persons will be excluded from participation in, or denied the benefit of, or otherwise subjected to discrimination because of the person's race, color, national origin, age, handicap or other protected class status during my use of the City's facilities. I further agree to exercise the utmost care in my use of the City's facilities and agree to reimburse the City for any costs incurred by the City in repairing damage to its facilities caused by my event.

I agree to defend, indemnify and hold harmless the City of Burlington, its Elected Officials, Appointed Officers, Employees and Agents from all liability resulting from my use of City facilities except only such liability as shall have been occasioned by the sole negligence of the City of Burlington. I agree to observe and comply with all provisions of laws and ordinances governing the City of Burlington and the State of Washington.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR CITY USE  
ONLY**

Date Application Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Field Use **APPROVED AS REQUESTED.** Permit# \_\_\_\_\_ Attached.

Field Use **APPROVED WITH CHANGES.** Permit# \_\_\_\_\_ Attached with Detail.

Field Use **NOT APPROVED.** Explanation: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# INSURANCE REQUIREMENTS

The City must receive a valid **Certificate of Insurance** accompanied by the policy's **Endorsement** **at least 30-days prior** to your activity's start date. Please ask your insurer to forward the documents containing the minimum requirements listed below. The documentation should be emailed to [BParks@burlingtonwa.gov](mailto:BParks@burlingtonwa.gov).

## Certificate of Insurance

- Certificate Holder must be listed as: City of Burlington  
833 S. Spruce Street  
Burlington WA 98233
- Minimum thresholds of coverage: \$2,000,000 General Aggregate  
\$1,000,000 per occurrence
- Certificate must include the remark "Additional Insureds include the City of Burlington, its elected officials, officers, employees & agents."

## Endorsement

- An Endorsement using ISO Form CG 20 26 or coverage at least as broad must accompany the Certificate of Insurance.
- Additional Insured must be listed as City of Burlington  
833 S. Spruce Street  
Burlington WA 98233
- The Endorsement must reference the Insured's policy number.

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<p>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.</p> <p><b>IMPORTANT:</b> 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 any contract or other document with respect to which this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>																																																																																																																																																																						
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City of Burlington 833 S. Spruce Street Burlington, WA 98233			AUTHORIZED REPRESENTATIVE																																																																																																																																																																			

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POLICY NUMBER:	Policy number must match number listed on the Certificate of Insurance.	COMMERCIAL GENERAL LIABILITY CG 20 26
<b>THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.</b>		
<b>ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION</b>		
This endorsement modifies insurance provided under the following:		
COMMERCIAL GENERAL LIABILITY COVERAGE PART.		
SCHEDULE		
Name of Person or Organization:		
City of Burlington 833 S. Spruce Street Burlington, WA 98233		
(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)		
WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.		
<b>ENDORSEMENT</b>		
<b>SAMPLE</b>		