City Of Clovis

Sports Fields Reservation Packet

Thank you for your interest in reserving our facility. Enclosed in this packet is a facility request form, certificate of insurance requirements and a sample certificate of insurance form.

The City of Clovis has two locations that may be reserved, Sierra Bicentennial Park (84 N. Sunnyside ave. Clovis CA. 93611) and Clovis Rotary Park (Corner of Sunnyside and Sierra). Sierra Bicentennial Park has two baseball/softball fields, one soccer field and a snack bar. Clovis Rotary Park has two baseball/softball fields.

Sierra Bicentennial Park	City Resident	Non-Resident
Baseball/Softball F 1	$25 Hr	$35 Hr
Baseball/Softball F 2	$25 Hr	$35 Hr
Soccer Field	$25 Hr	$35 Hr
Lights	$15 Hr	$15 Hr
Snack Bar	$100	$100
Clovis Rotary Park	**City Resident**	**Non-Resident**
Baseball/Softball F 1	$25 Hr	$35 Hr
Baseball/Softball F 2	$25 Hr	$35 Hr
Lights	$15 Hr	$15 Hr

To complete the reservation process you must, fill out and submit the facility reservation form. If the facility/field is available you must submit a completed certificate of insurance and make your payment/deposit. Once you have completed all of your paperwork and made your payment/deposit your reservation will be complete. A signed copy of your reservation form will be returned to you for proof of your reservation.

A non-refundable deposit for your reservation is required at booking. Initial payment for a one day/weekend rental will be in the amount of one half the reservation fees for the time and dates requested. The balance is due 7 days before your reservation. For long term reservations, requiring more than one month of facility use, a payment of the first month total amounts is required at the booking of your reservation, your next month's fees are due 7 days before the next month begins. All fees are non-refundable. To renew an ongoing reservation the required fees must be received no less than 2 weeks prior to the end of our current reservation. Groups

interested in reserving the facility at a time and date already utilized will be placed on a waiting list. If the reservation scheduled for your desired time and date is not renewed as described above a group on the waiting list will have 5 business days to make the required deposit for their reservation.

The City of Clovis Recreation reserves the right to cancel any reservation agreement any time before the reservation event. In the event of cancellation any fees received by The City of Clovis Recreation will be refunded.

The City of Clovis Recreation will assist you as reasonable as possible in securing equipment and setting-up the facility for your event, please fill out the enclosed form regarding any equipment or set-up your event requires. Absolutely no alcoholic beverages will be allowed.

Insurance Requirements for Facility Use Request

MINIMUM SCOPE AND LIMIT OF INSURANCE

Coverage shall be at least as broad as:

1. **General Liability Insurance:** Organization shall maintain general liability insurance with coverage at least as broad as Insurance Services Office form CG 00 01, in an amount not less than two million dollars ($2,000,000) per occurrence, four million dollars ($4,000,000) general aggregate, for bodily injury, personal injury, and property damage, including without limitation, blanket contractual liability. Organization's general liability policies shall be primary and non-contributory, and be endorsed using Insurance Services Office form CG 20 10 to provide that City and its officers, officials, employees, and agents shall be additional insureds under such policies.

2. **Automobile Liability:** ISO Form Number CA 00 01 covering any auto (Code 1), or if undersigned has no owned autos, hired, (Code 8) and non-owned autos (Code 9), with limit no less than **$1,000,000** per accident for bodily injury and property damage.

3. **Workers' Compensation:** as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than **$1,000,000** per accident for bodily injury or disease.

4. **Sexual Abuse or Sexual Molestation Liability:** Insurance with limits no less than $1,000,000 per occurrence.

If the organization maintains higher limits than the minimums shown above, the City requires and shall be entitled to coverage for the higher limits maintained by the organization. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the City.

OTHER INSURANCE PROVISIONS

Sub-organization participants

If the organization shall have any sub-organization's participate in any event, the organization shall require each sub-organization to adhere to all insurance provisions contained within the application.

Notice of Cancellation

Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the City.

Waiver of Subrogation

Organization grants to the City a waiver of any right to subrogation which any insurer of the organization may acquire against the City by virtue of the payment of any loss under such insurance.

Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions must be declared to and approved by the City. The City may require the organization to purchase coverage with a lower deductible or retention or provide proof of ability to pay losses and related investigations, claim administration, and defense expenses within the retention.

Acceptability of Insurers

Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A: VII, unless otherwise acceptable to the Entity.

CITY OF CLOVIS ENTERED / PROVIDED
Facility Use Request SPORTS FIELDS
3495 Clovis Ave., Clovis, CA 93612
Fax # (559) 324-2857 – Phone # 324-2780

Calendar _____
Copy to Applicant _____
Office Copy _____

GROUPS [ ] ORGANIZATIONS [ ]

Facility Requested _____

Date(s) _____

Hours _____

ARE FIELD LIGHTS NEEDED? YES [ ] NO [ ]

WILL ADMISSION BE CHARGED? YES [ ] NO [ ]

Nature of Activity _____ No. of People _____

Name of Person Requesting Permit _____

Name of Group / Organization _____

Mailing Address _____ City/Zip _____

Contact Information EMAIL ADDRESS _____

HOME _____ CELL _____ FAX _____

By signing this agreement you - as the responsible individual for your event - agree to abide by all laws, Municipal Codes, City Policies and Use Conditions. All organized recreation, sport, athletic events shall maintain participant rosters of waivers, release of liability and indemnification etc. for a minimum of two years. These rosters shall be available to the City of Clovis upon request within two weeks notice from the City of Clovis.

*If a Certificate of Insurance is required for your event, the City of Clovis must have the certificate on file two weeks prior to the event.

INDEMNITY AND INSURANCE

Organization agrees to indemnify and hold harmless the City of Clovis, its officers, employees, and agents against any and all claims, demands causes of action, damages (including damages to the City's property, costs and liabilities (including cost and liabilities of the City with respect to its employees) in law or in equity of every kind and nature whatsoever, directly or proximately resulting from or caused by the use and occupation of the facilities herein above described, whether such use is authorized or not, or from any act or omission of Organization or any of its officers, agents, employees, guests, patrons, or invitees; and the Organization shall, at its sole risk and expense, defend any and all suites, actions, or other legal proceedings which may be rendered against the City, its officers and employees on any such claim, demand or cause of action, and the Organization shall pay and satisfy any judgment or decree which may be rendered against the City, its officer, employees and agents in any such suit, action or other legal proceedings, and Organization shall pay for any and all damages to property of the City, for loss or theft or such property, done or caused by Organization, its officers, agents, employees, guests, patrons, and invitees.

_____   _____ _____
SIGNATURE   **BRYAN HINES –Recreation Supervisor   DATE**

_____
PRINT NAME APPROVED: **YES [ ] NO [ ]**

DATE_____