



# City of White Plains Recreation & Parks

## REGULATIONS FOR THE PERMITTED USE OF FACILITIES

Your cooperation in adhering to all rules is appreciated so that others may enjoy its use. Please read carefully before completing this form:

1. The Facility ( as requested and approved) has been reserved for your group to use only for a specific date and time. Please maintain the schedule that has been indicated. Note that the time requested on the application must include set-up/clean-up time. The White Plains Recreation & Parks reserves the right to change a date on the schedule as needed. In the event of a date change, a reasonable effort will be made to reschedule if possible.
2. A person , group or organization may rent our facilities for a time-frame in accordance with our Recreation and Park Fee Schedule for the season.
3. This completed application is required to be submitted a minimum of 3 weeks prior to the request date. A non- refundable payment is required in full prior to Facility Usage. Full Payment must be made 48 hours prior to usage.
4. Please leave the space as you found it.....ready for use.
5. Please be aware of the occupancy limit. You are not permitted to exceed the limit under any circumstances.
6. Individuals and organizations receiving permission to use the Facility are responsible for the conduct of all participants.
7. All White Plains Parks and Facilities are **designated as Smoke Free. Smoking is prohibited.**
8. Consumption of **alcoholic beverages is strictly prohibited.**
9. A supervisor may or may not be assigned to safeguard the facility. If a supervisor present, they are there to assist you with your use of the facility and to be sure the use is consistent with our usage policies, but is not responsible for set-up/clean-up. The supervisor is required to check the facility in your presence before and after your function.
10. Permits are issued after insurance is approved and payment is rendered.
11. **General Liability Insurance Requirements include the following:** Policy minimum \$1,000,000 per occurrence/ \$2,000,000 aggregate. Additional insurance may be required as determined by the Risk Manager of the City of White Plains. The Certificate of Insurance(COI) must clearly state that the **City of White Plains, its officials, employees, volunteers, representative and agents are included as Additional Insured and Certificate Holder with regards to the event date, time and location.** The Certificate Holder must be listed as City of White Plains, 255 Main St. Room 102, White Plains, NY 10605 Att: Finance.
12. Should your group have to cancel for any reason, please notify the Recreation Department as soon as possible.
13. A copy of the permit will be issued to you. Please have it available for inspection on the day of the activity. The City reserves the right to alter the permit at any time.
14. The City of White Plains reserves the right to suspend, revoke, annul or otherwise terminate any application granted by it in the event the department, in its discretion, determines that these rules and regulations have been violated or that there is reasonable grounds to suppose that the facility is being abused.

**APPLICATION FOR FACILITY USAGE** ( Revised: 5/2016)

**Return completed application along with Insurance Certificate to:**

**City of White Plains Recreation & Parks  
85 Gedney Way, White Plains, NY 10605  
(914)-422-1336 Fax (914)422-1250  
Email: recreation@whiteplainsny.gov**

Today's Date: \_\_\_\_\_ Requested Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Name of Facility Requesting ( include all areas and /or rooms):

\_\_\_\_\_  
\_\_\_\_\_

Purpose of event: \_\_\_\_\_

Total # to Attend: \_\_\_\_\_ # of Adults: \_\_\_\_\_ # of Minors: \_\_\_\_\_

\_\_\_\_\_

Private/Personal ( )

Business ( )

Name of contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email(please print clearly): \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

In accordance with City of White Plains Code, the applicant must provide a Certificate of Insurance in order to receive a permit for facility usage.( **see back #11 for details and instructions**) Certificate Attached: Yes ( ) No ( )

\_\_\_\_\_

I, the undersigned, being over 21 yrs of age, as the duly authorized representative for the permitted organization, agree to abide by all guidelines furnished to me; accept the use of the facility as is; and I / We further agree, to the fullest extent permitted by law, to indemnify and hold harmless the City of White Plains, its employees, and all related officials from liability for any and all loss, damage or injury to persons or property by reasons of or arising out of or incidental to the use of the City of White Plains Recreation & Parks facility by the permitted organization.

I have read and understand the regulations and hold harmless agreement herein and agree to be bound by them:

Applicants Signature: \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only: Approved:** \_\_\_\_\_ **Fee:** \_\_\_\_\_ **Date:** \_\_\_\_\_