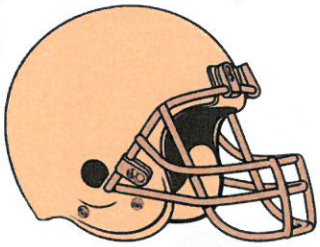
SEMINOLE COUNTY

FLORIDA'S NATURAL CHOICE

Parks and Recreation

FIELD RENTAL PACKET



WINTER/SPRING 2016

IT STARTS IN PARKS

Coaching Connecting Community

Sylvan Lake Park (407) 665-2180

845 Lake Markham Road

Sanford, FL 32771

Open: M – F from 8 a.m. to 10 p.m., Sat and Sun from 8 a.m. to 8 p.m.

www.seminolecountyfl.gov/parks

Field Open Dates:

Sylvan Lake Park
January 10th 2016 – May 14th 2016

Moores Station Fields
January 10th 2016 – May 14th 2016

Please be advised that the fields will be closed for maintenance for dates outside of the one's stated above

Black-Out dates due to Holidays, Tournaments, etc.
January 16th, 2016 (8am – 2pm) & January 18th, 2016

Locations:

Sylvan Lake Park
845 Lake Markham Road Sanford, FL 32771

Moores Station Fields
2841 Cameron Avenue Sanford, FL 32773

Days & Times:

Sylvan Lake Park
Monday – Friday: 8 a.m. to 9:30 p.m. / Saturday & Sunday: 8 a.m. to 8 p.m.

Moores Station Fields
Monday – Sunday: 8 a.m. to 8 p.m.

Field Rental Request Application Deadline: November 5th, 2015

Field Rental Rates:

$25 per hour between 8 a.m. – 5 p.m.
$35 per hour after 5 p.m.
$40 per hour for maintenance fees (optional)
Cash or Check payable to Seminole County

Sylvan Lake Park Contact Information:

- Dennis Andrews: 407-665-2180 or dandrews02@seminolecountyfl.gov
- Michael Baker: 407-665-2180 or mbaker@seminolecountyfl.gov
- Rain-Out Line: 407-665-7275

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Commission for Accreditation of Park and Recreation Agencies CAPRA ACCREDITED

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FIELD RENTAL INSTRUCTIONS

I. Turn in Field Rental Request Application Form by **November 5th, 2015**.

II. Liability Insurance for at least $1 million dollars is required for organizations who want to rent the fields; an example of an Acord form is included in the packet.

III. After the Request Applications are assessed, agreements will be emailed to organizations or individuals and once agreed upon the following must take place to cement your spot:

- Liability Insurance must be up to date and turned in (if necessary)
- Agreement must be signed and dated
- A minimum payment of $300 must be made if agreement exceeds $300. If the agreement total is less than $300, the full amount must be paid in full.

IV. Account must stay in good standing for the duration of the agreement.

V. As a condition of use, a limit of 30 participants is permitted per field.

VI. In case of a Rain-Out, a credit will be issued to your account. To be considered a Rain-Out, the field must have standing water or the lightning prediction system is activated for the duration of your rental. Make-ups may be granted by the Park Supervisor based on availability.

SEMINOLE COUNTY
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Leisure Services Department **Parks and Recreation**

Sylvan Lake Park

Field Rental Request Application

Field Rental Rates

$25/hr per field from **8am-5pm** **$35**/hr per field from **5pm-9:30pm** **$40**/hr **maint. fees** *may apply*

Must Provide Copy of Liability Insurance

Account Information

Team/Organization Name _____

Contact Person _____

Address _____

Phone _____

Email _____

Are you Tax Exempt? Yes No *Must provide supporting documents*

Are you Not for Profit? Yes No *Must provide supporting documents*

Rental Description _____

Example: Boys 12U Soccer Practices

Field Rental Availability Request

Type of Sport Soccer Flag Football Lacrosse *must be 14& Under*

Type of Field Use Games Practices

Season Dates Start Date _____ End Date _____

Rental Times Start Time _____ End Time _____

Preferred Day(s) Su M Tu W Th F Sa

Alternate Day(s) Su M Tu W Th F Sa

Number of Field(s) Requested 1 2 3 4

Other/Additional Requests

Continue on second sheet...

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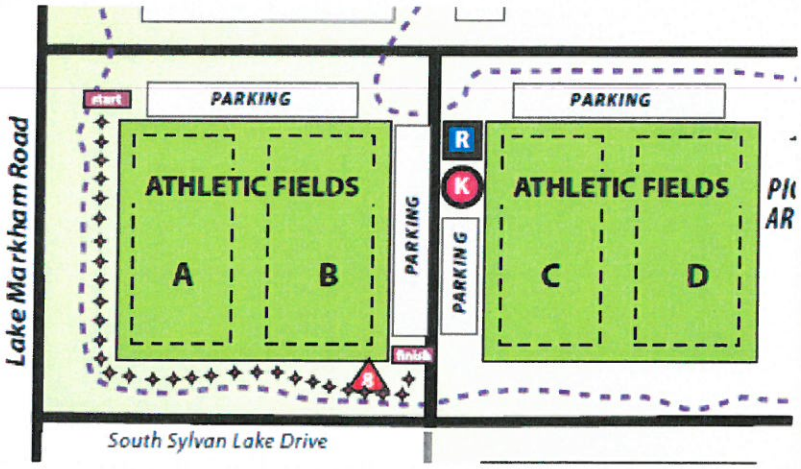
Leisure Services Department **Parks and Recreation**

Prohibited Activities:
Alcoholic beverages
Firearms, fireworks, or weapons*
Soliciting or loitering
Loud noise, music, and public address systems are prohibited
Profanity or fighting
**Except as Provided Under Chapter 790, Florida Statutes*



General Park Rules
Pets not allowed
Park in designated areas only
Keep your park clean, remove all trash

Please initial that you agree to the following:

_____ In case of inclement weather and/or ThorGuard Lightning Detection System is activated with one long horn, all activities must cease and fields or courts must be cleared immediately and participants should seek shelter. Activity may resume only after three long horn blasts are heard, indicating it is safe to resume play.

_____ Park staff reserves the right to shut down playing fields at anytime due to weather, safety or maintenance concerns. Park staff will have final say as to whether or not playing surface is playable. Fall and spring resting periods may be taken based on field conditions.

_____ Anchored equipment such as soccer goals, lacrosse goals, bases or tables, etc may not be moved without prior permission by Park staff.

_____ 48 hour notifications for field or court cancellation are required to cancel reservation. Inside 48 hours no refund will be allowed. In case of cancellation due to inclement weather a credit will be placed on account or makeup date may be given based on availability.

_____ A Maintenance fee for field painting outsides of normal full size soccer field will be assessed.

_____ Prior to first usage rental agreement must be signed and necessary payment received.

_____Failure to adhere to aforementioned rules may result in termination of rental agreement. The Parks and Recreation Division reserves the right to refuse play or eject any person, team or group.

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Moores Station Fields

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Type of Field Use Games Practices

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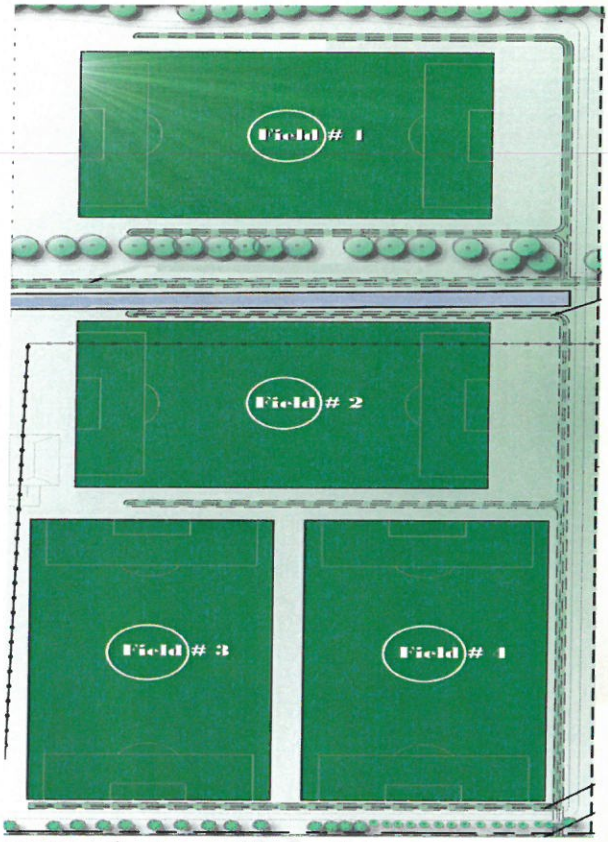

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER

Insurnce Agent/Broker Name
Insurnce Agent/Broker Street Address or P.O. Box
Insurnce Agent/Broker City, State & Zip Code
Contact & Phone Number

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Vendor Name
Vendor Street Address or P.O. Box
Vendor City, State & Zip Code

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Name of Insurance Company	Enter NAIC#
INSURER B:	Name of Insurance Company (if applicable)	Enter NAIC#
INSURER C:	Name of Insurance Company (if applicable)	Enter NAIC#
INSURER D:	Name of Insurance Company (if applicable)	Enter NAIC#
INSURER E:	Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	☒	**GENERAL LIABILITY** ☒ COMMERICAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCUR ☐ ____ ☐ ____ GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE	$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
						MED EXP (Any one person)	$N/A
						PERSONAL & ADV INJURY	$1,000,000
						GENERAL AGGREGATE	$2,000,000
						PRODUCTS - COMP/OP AGG	$1,000,000
							$
A	☐	**AUTOMOBILE LIABILITY** ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS ☐ ____ ☐ ____	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Occurrence)	$
						BODILY INJURY (Per person)	$
						BODILY INJURY (Per accident)	$
						PROPERTY DAMAGE (Per accident)	$
A	☐	**GARAGE LIABILITY** ☒ ANY AUTO ☐ ____	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	AUTO ONLY - EA ACCIDENT	$
						OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
A	☐	**EXCESS/UMBRELLA LIABILITY** ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION $Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURRENCE	$Enter Limit
						AGGREGATE	$Enter Limit
							$
							$
							$
A	☐	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Enter Policy #	Enter Effective Date	Enter Expiration Date	☐ WC STATUTORY LIMITS ☐ OTHER	
						E.L. EACH ACCIDENT	$
						E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
	☐	**OTHER**					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

Seminole County - Leisure Services
100 E. 1st Street
Sanford, FL 32771
Owner/Manager/Lessor of Premises

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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