



JACKSON COUNTY *Parks*

Parks Special Event Permit Application

(Please Type or Print Clearly)

Name of event: _____

Description/Type of Event:

Park to be utilized: _____

Date of Event: _____

Start Time: _____

Expected Number of Participants: _____

End Time: _____

Name of Event Director: _____

Address: _____

Phone: _____

Email: _____

Contact Person during Event: _____

Cell Phone: _____

Location of Person during Event: _____

Do you anticipate needing any of the following (if yes, include locations and attach additional sheets if necessary):

Street: _____ Sidewalk: _____ Crowd Control: _____ Parking: _____

Use of Public Building: _____ Traffic Control: _____ Other: _____

Describe in detail how the requested event will impact the park operations and your plan for mitigating the impacts. For example, will your event produce an abundance of trash, requiring extra garbage receptacles? Do you need portable toilets? (Attach additional sheets of paper if necessary)

Include the following with this application:

1. Detailed map with the event layout, volunteer and first aid stations, parking, etc.
2. Certificate of Insurance with limits and requirements as outlined by Risk Management. Jackson County, and its elected officials, officers, volunteers, agents and employees shall be named as Additional Insureds. A copy of the Additional Insured Endorsement must also be provided to the County.

All State of Oregon, Federal, and Local laws and ordinances apply. Some events will require additional permitting from Oregon Liquor Control Commission. Consult OLCC to see if your event applies. Jackson County reserves the right to cancel this reservation in the event of an emergency, threat to public safety, welfare or property, or immediately upon breach of a permit condition.

I hereby certify that I am an authorized representative of the organization noted below, that the above statements are true to the best of my knowledge. I have read and agree to be bound by the regulations and policies of Jackson County and this agreement. I understand that violation of any of these agreements may result in forfeiture of deposit, jeopardize further use of the facility, and result in immediate termination of event. I (and the organization I represent) agree to indemnify, defend, and hold harmless Jackson County, its employees, officers, volunteers, agents and elected officials from and against any and all claims, damages, losses, and expenses, including legal fees arising from or in connection with activities during the term of the facility use agreement.

Sponsor Signature: _____ Date: _____

Return to:

Jackson County Parks
Attn: Jill Hammond
7520 Table Rock Road
Central Point, OR 97502

Direct: 541.774.6301
Park Office: 541.774.8183
Fax: 541.774.6320
Email: hammonjj@jacksoncounty.org

INSURANCE MINIMUM REQUIREMENTS

Jackson County Parks Special Events

- General liability minimum of \$2,000,000 each occurrence and \$4,000,000 aggregate.
- Naming ***“Jackson County, its Elected Officials, Officers, Volunteers, Agents, and Employees”*** as an additional insured.
- Certificate should include the requester’s name and address.
- DESCRIPTION SECTION OF CERTIFICATE SHOULD INCLUDE:
 - Reference to the contract number, race title, event, etc. in the description section.
 - Reference to the endorsement number and additional insured date OR copy of endorsement allowing additional insured’s can be added to the policy.
 - Workers Comp Insurance if event has employees.
 - \$1,000,000 Auto Liability if transporting participants.
 - If event is held at Emigrant Lake, Agate Lake, or Howard Prairie Lake, then ***“The United States Department of the Interior, Bureau of Reclamation”***, shall be named as an additional insured on all such insurance.

The certificate(s) should be sent to the following address (may be mailed, faxed, or emailed):

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