



PARKS, RECREATION AND FACILITIES MANAGEMENT
 Customer Service Center: 100 N. Appleton Street, Appleton, WI 54911
 Mail: Appleton Parks & Rec, P.O. Box 1976, Appleton WI 54912-1976
 (920) 832-5905 (www.appletonparkandrec.org)

SPECIAL PARK ACTIVITY INSURANCE AGREEMENT

Use of mechanical rides/dunk tanks OR events within the parks where attendance may exceed 250 participants require the user to provide Certificate of Insurance. This form can only be used for events with attendance under 250 and no special conditions. **Applicable forms must be submitted to the City’s Risk Manager in Human Resources Department at least 14 days prior to the event via phone 920-832-6300 or fax 920-832-5845 for approval.**

Date of Event: _____ **Location of Event:** _____

Name/Company: _____

Address: _____ **Telephone:** _____

Email: _____

Insurance Coverage:

Insurance Carrier:	
Insurance Agent Name and Phone Number:	
Policy Number:	
Policy Period:	

I confirm that I have the authority to sign and certify the information contained herein as the permittee/licensee, or duly authorized representative of the entity obtaining this permit/license. I have reviewed and understand the insurance requirements of the City of Appleton. I hereby certify that I, or the company I represent, have insurance in the amounts required to obtain this permit/license, have named the City of Appleton as an additional insured for purposes of this permit/license and have provided the name of my insurance carrier, the policy number, and policy period above. Further, I agree to maintain appropriate insurance coverage for the duration of this permit/license and to indemnify, defend and hold harmless the City of Appleton and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses, costs, including attorneys fees arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant, anyone directly or indirectly employed by any of them, which may arise from the use of city right-of-way or property under this permit or license.

I certify that this application, and all information and documentation provided therein, is true and accurate.

Signature

Date

Print Name: _____



The City of Appleton Parks, Recreation and Facilities Management Department is committed to building communities and enriching lives where we live, work and play.