



THE TOWN OF CENTREVILLE 101 LAWYERS ROW CENTREVILLE, MD 21617
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PARK USE AGREEMENT

- | | |
|---------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Millstream Park Pavilion | <input type="checkbox"/> Centreville Wharf Park |
| <input type="checkbox"/> Picnic Tables | <input type="checkbox"/> Picnic Tables |
| <input type="checkbox"/> Pavilion Lighting | <input type="checkbox"/> North Pocket Park |
| <input type="checkbox"/> Water | <input type="checkbox"/> South Pocket Park |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Pop Taylor Pocket Park |

Name of Organization _____

Contact Person _____

Address _____

Phone Number _____ Cell Phone Number _____

Email address _____

Type of Activity _____

Date of Activity _____ Time: _____

Admission Charge: Yes No Food Served: Yes No

INSURANCE/ DEPOSIT REQUIREMENT:

- A. All individuals, groups, organizations, etc. shall provide a \$25.00 deposit and any applicable fee, upon executing this Agreement. Upon completion of the activity, a site inspection will be held. Should the facility be returned to its original condition, except for normal use, the full deposit will be returned. Refunds, in case of cancellation, will be made if requested.
- B. There is a required liability insurance coverage of (\$300,000 CSL) for the planned activity. A certificate of liability insurance must accompany this application. If food is to be sold, a product liability policy will also be required and applicant must contact the Queen Anne’s County Health Department. A copy of each required document must accompany this application.
- C. Applications submitted without the \$25.00 deposit and the required liability insurance coverage will not be accepted.

REGULATIONS:

- A. Groups or individuals who are residents of Centreville or groups and organizations based in Centreville have first preference when making application to use the park. Fund raising events by Centreville based groups or organizations are acceptable.
- B. All Town of Centreville Parks are open for use from dawn to dusk. Hours may be extended through approval by the Centreville Town Council.
- C. Pursuant to Chapter 7 of the Centreville Town Code, no alcoholic beverages are permitted.
- D. Applicant is to be in charge of the event and shall be responsible for the following:
 - i. Submitting proper application for use of the grounds facilities;

- ii. All trash and decorations must be placed in trash containers provided. If container is full, then it is the responsibility of the applicant to remove trash, etc. away from the park;
 - iii. If additional trash pick-up is required for excess trash not removed by the individual/group/organization using the park, this individual/group/organization shall be charged the current rate for trash removal;
 - iv. Leave buildings and grounds clean and in order for the next event.
- E. Campfires are not permitted.
- F. Overnight camping is not permitted.
- G. Any individual or group using the facilities is responsible for any damage above normal wear and will be assessed the actual cost of any damages incurred. The Centreville Park Advisory Board will assess damages following the activity and notify the user of any damage within one (1) week. The individual or group referred to in this agreement further agrees to pay any damages in the amount assessed by the Centreville Park Advisory Board. Payment for damages incurred will be due and payable thirty (30) days after receipt of the damage assessment notification.
- H. All applications for park use will be subject to the approval of the Town Staff, who will review each application on an individual basis and determine approval or disapproval.

**VIOLATION OF THESE REGULATIONS MAY CAUSE THE DENIAL OF FURTHER
USE AND/OR FORFEIT OF THE \$25.00 SECURITY DEPOSIT**

By signing this agreement, I understand and am familiar with all policies which regulate the use of this facility and have made participating members of our organization familiar with the same and I accept full responsibility.

Name of Responsible Person – Please Print

Signature of Responsible Person

Group/Organization

Phone Number

TOWN USE ONLY

- Approved
- Approved with the following conditions: _____

 Denied

Authorized Signature

Date

- Payment Received
- Check # _____
 - Cash

- Liability Certificate Received
- Product Liability Certificate (if applicable)
- Approval by QAC Health Department (if applicable)

- Payment Returned
- Date: _____
- Initials: _____