



# WASHINGTON COUNTY PARKS & RECREATION SPECIAL EVENT POLICY AND APPLICATION

1307 South Potomac Street, Hagerstown, MD 21740

Date of Application: \_\_\_\_\_  
MM/DD/YYYY

## Contact Information

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

Event Organizer Name: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

On Site Representative: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternate On-Site Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Event Information

Name of Event: \_\_\_\_\_ Name of Park Requested: \_\_\_\_\_

Requested Date(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Day Night Overnight

Set-up Date(s) / Time: \_\_\_\_\_ Take-down Date(s) / Time: \_\_\_\_\_

Type of Event: Community Event Fundraiser In-House Event Walk/Run Concert Wedding  
School Activity Tournament Other: \_\_\_\_\_

Provide a detailed description of the event and proposed activities:

---

---

---

---

Facilities Requested for Event: Arts Pavilion Multi-sport Court Dance Pool  
Multi-purpose Field Basketball Court Tennis / Pickleball Court Trails (provide map)

Picnic Pavilion - List Pavilions Requested: \_\_\_\_\_

Softball Fields – List Fields Requested: \_\_\_\_\_

Is event open to the public? Yes No Expected Attendance: \_\_\_\_\_ Will event be advertised? Yes No

If yes, how: \_\_\_\_\_ (provide copy of promotional

materials) Will any Dignitaries or VIPs be attending? (such as celebrities, elected officials, etc.) Yes No

If yes list names: \_\_\_\_\_

Will money be collected at the event?    Yes    No    If yes, state purpose, amount, and who will receive proceeds:

Will there be vendors?    Yes    No    What Type:    Food/Beverage    Merchandise    How Many? \_\_\_\_\_

Are road closures or traffic management required?    Yes    No    Explain: \_\_\_\_\_

Will there be live music or amplified sound?    Yes    No    Describe: \_\_\_\_\_

Will there be other entertainment?    Yes    No    Describe: \_\_\_\_\_

Will there be inflatables?    Yes    No    How many? \_\_\_\_\_

Will volunteers be working at the event?    Yes    No    How many? \_\_\_\_\_

Will any of the following be used at the event?

*Items are not provided. All equipment must comply with State and Local regulations. A detailed site plan is required.*

Port-a Pots?                      Yes              No              How many? \_\_\_\_\_ Details? \_\_\_\_\_

Trash Cans?                      Yes              No              How many? \_\_\_\_\_ Details? \_\_\_\_\_

Commercial Dumpster?    Yes              No              How many? \_\_\_\_\_ Details? \_\_\_\_\_

Generator?                      Yes              No              How many? \_\_\_\_\_ Details? \_\_\_\_\_

Tent (larger than 12'x12')?    Yes              No              How many? \_\_\_\_\_ Details? \_\_\_\_\_

Other? \_\_\_\_\_

Special requests or additional comments:

#### Application Requirements

- Application must be submitted at least 90 days prior to the event date or application may be rejected.
- All required documents, such as permits, site plans, and certificates of insurance must be received at least two weeks prior to the event date. If documents are not received by the deadline, the event may be cancelled.
- Incomplete forms could result in delay of the review process and possible denial of request.

#### Event Fees

- Event fees will be assessed based on the size of the event and the amenities requested. A \$50 application fee is due upon submission of the request and will be credited toward the total event fees.
- All fees must be paid in full a minimum of 30 days prior to the event date. Failure to do so may result in cancellation of the event.



## WASHINGTON COUNTY PARKS & RECREATION SPECIAL EVENT POLICY AND APPLICATION

1307 South Potomac Street, Hagerstown, MD 21740

Washington County Parks and Recreation Department is committed to providing a public park system with diverse and accessible recreation areas for all residents and visitors. This Special Event Policy outlines guidelines for hosting special events. The goal is to balance community events with public access, park maintenance, and environmental preservation. This policy was developed to evaluate special events, define responsibilities, and assist organizers in achieving successful events while ensuring visitor safety.

### **A Special Event application must be submitted if any of the following conditions apply:**

- The event, meeting, party, or activity is advertised publicly through any medium, including social media.
- Routine use of the park by the general public is affected.
- Pedestrian or vehicular traffic flow is affected.
- Amplified sound or music will be used.

### **To be considered for a special event permit, events must:**

- Minimize disruptions to regular park operations, including public access to trails, playgrounds, and other amenities.
- Adhere to all applicable park, local, and state laws and regulations, such as noise ordinances, fire codes, and health and safety standards.

### **Event Application and Review Process**

- Applications must be submitted at least three months, but no more than six months, before the event.
- Applications will be reviewed by an Event Review Committee. Submission of the application does not guarantee permit approval. Events may not be advertised until final approval is granted.
- The application must contain detailed information about the proposed event. Any activities or attractions outside of the information provided on the application will not be permitted. A site plan must be included showing the proposed locations of Port-a-pots, trash dumpsters, overflow parking, and vendor spaces.

### **Organizer's Responsibilities**

- Organizers are responsible for ensuring compliance with all applicable state and local regulations. Vendors must possess valid permits and display them on-site during the event.
- Certificate of Insurance naming The Board of County Commissioners of Washington County, MD as additional insureds is required. A sample certificate with the required limits is attached to the Special Event Application.
- No marking paint of any kind may be used. Painter's tape is acceptable, provided it is completely removed by the end of the event.
- Vendor setup must be completed before the event begins, and all teardown activities must be completed at the end of the event unless otherwise arranged. No vehicle traffic will be permitted on pedestrian walkways during the event.
- Organizers must provide adequate staff and resources necessary to operate the event safely, as determined by the Event Review Committee. This may include but is not limited to, providing port-a-pots, trash dumpsters, staff for traffic and parking control, security, and cleanup.
- A primary and alternate contact must be provided and one must be present on-site throughout the event. Organizers are responsible for returning the park and all facilities to their original condition upon completion of the event.
- Payment must be made in full at least 30 days prior to the event.

## Quick Tips

Washington County, Maryland

# Understanding the Acord Certificate of Insurance

**1. PRODUCER**  
Insurance Agent/Broker who issues certificate.

**2. NAME OF INSURED**  
Must be the legal name of the contracting party.

**3. TYPES OF INSURANCE**  
Must include the types of insurance required by contract.

**4. POLICY FORM**  
"Claims made" or "occurrence" form

**5. NAMED ADDITIONAL INSURED**  
The Board of County Commissioners of Washington County, MD must be named as additional insured.

**6. CERTIFICATE HOLDER**  
Must be Board of County Commissioners of Washington County MD

**7. POLICY EFFECTIVE DATE**  
Must be prior to or coincidental with effective date of contract.

**8. POLICY EXPIRATION DATE**  
If occurrence form, date must be on or after termination of contract

**9. LIMITS OF INSURANCE**  
Must be the same or greater than required by contract. See minimums below.

**10. DESCRIPTION OF OPERATIONS**  
The County is named additional insured here; place & event sometimes described here.

**11. NOTICE OF CANCELLATION**  
Must be modified as indicated; 30 days required.

**12. AUTHORIZED REPRESENTATIVE**  
Must be signed, not stamped.

**ACORD CERTIFICATE OF INSURANCE**

ISSUE DATE (MM/DD/YY) 09/02/99

PRODUCER  
Bill Jones Insurance Agency  
License #0C32505  
40 E. Main St. Ste. 1100  
Baltimore, MD 94405  
Ph.#: 800/683-005

INSURED  
XYZ Construction  
P. O. Box 41229  
Hagerstown, MD 21740

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A TRAVELERS INDEMNITY OF WISCONSIN

COMPANY LETTER B RELIANCE INSURANCE OF PENNSYLVANIA

COMPANY LETTER C STATE INSURANCE COMPANY

COMPANY LETTER D

COMPANY LETTER E

COVERAGES  
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME(S) 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY ANY CLAIMS.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS (IN THOUSANDS)
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT.	NGA0105086-09	10/1/06	10/1/07	GENERAL AGGREGATE \$1,000,000 PRODUCTS-COMP/OPS AGGREGATE \$1,000,000 PERSONAL & ADVERTISING INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$ MEDICAL EXPENSE (Any one person) \$ Exclud.
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	0105081-RDE	4/7/07	4/7/08	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
C	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	46699898	1/10/07	1/10/08	EACH OCCURRENCE \$1,000,000 AGGREGATE \$
B	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY	JKA010-9087654	4/7/07	4/7/08	<input checked="" type="checkbox"/> STATUTORY LIMITS \$1,000,000 (EACH ACCIDENT) \$1,000,000 (DISEASE-POLICE LIMIT) \$1,000,000 (DISEASE-EACH EMPLOYEE)
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS  
The Board of County Commissioners, Washington County, MD, its appointed or elected officials, officers, agents, and employees are named as additional insureds

CERTIFICATE HOLDER  
Board of County Commissioners of Washington County, MD  
100 W. Washington St.  
Hagerstown, MD 21740  
Attn: County Dept

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

AUTHORIZED REPRESENTATIVE  
Bill Jones

ACORD 25-S (3/88) ©ACORD CORPORATION 1988

- 1. THE PRODUCER:** Produces or orders Certificate for insured; answers questions, revises certificate to meet contract requirements.
- 2. NAME OF INSURED:** Must be legal name of contracting party.
- 3. TYPES OF INSURANCE:** Must include types required by contract.
- 4. POLICY FORM:** Will indicate claims-made or occurrence form; see "8. Policy Expiration Date" and [Glossary](#) for additional information.
- 5. NAMED ADDITIONAL INSURED:** The Certificate must state, either under Description of Operations or by attached endorsement, that Board of County Commissioners is additional insured.
- 6. CERTIFICATE HOLDER:** Must be Board of County Commissioners of Washington County, MD -- include department, contact person.
- 7. POLICY EFFECTIVE DATE:** Must be prior to or coincidental with effective date of contract.

- 8. POLICY EXPIRATION DATE:** For "occurrence" form coverage, date should be on or after the termination date of contract; if "claims-made coverage," coverage must survive for a period not less than three years following termination of contract and shall provide for a retroactive date of placement prior to or coinciding with the effective date of contract.
- 9. LIMITS OF INSURANCE:** Must be same or greater than required by contract.
- 10. DESCRIPTION OF OPERATIONS:** Review information in this section to determine it is consistent with contract.
- 11. NOTICE OF CANCELLATION:** This language must be modified to read: "Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will mail 30 days notice to the certificate holder named to the left."
- 12. AUTHORIZED REPRESENTATIVE:** Must be signed by an authorized representative of Producer.