

## EVENT INFORMATION

|                                   |  |                        |   |
|-----------------------------------|--|------------------------|---|
| <b>EVENT/<br/>PURPOSE OF USE:</b> |  | <b>EVENT CATEGORY:</b> | <input type="checkbox"/> Fundraiser<br><input type="checkbox"/> Free Public Event<br><input type="checkbox"/> Ticketed Public Event<br><input type="checkbox"/> Other _____ |
|-----------------------------------|--|------------------------|---|

## PRIMARY CONTACT INFO

|                         |  |                           |  |
|-------------------------|--|---------------------------|--|
| <b>PRIMARY CONTACT:</b> |  | <b>PRIMARY CELL:</b>      |  |
| <b>PRIMARY EMAIL:</b>   |  | <b>PRIMARY ALT PHONE:</b> |  |
| <b>ADDRESS:</b>         |  |                           |  |
| <b>CITY:</b>            |  | <b>POSTAL CODE:</b>       |  |

## ONSITE OR SECONDARY CONTACT INFO

|                           |  |                             |  |
|---------------------------|--|-----------------------------|--|
| <b>SECONDARY CONTACT:</b> |  | <b>SECONDARY CELL:</b>      |  |
| <b>EMAIL ADDRESS:</b>     |  | <b>SECONDARY ALT PHONE:</b> |  |

## EVENT REQUESTS

|   |  |   |  |  |                |
|---|--|---|--|--|----------------|
| <b>START DATE:</b>  |  | <b>END DATE:</b>                            |  | <b>TIME/S:</b>   |                |
| <b>NUMBER OF PARTICIPANTS:</b>  | #ADULTS _____ #YOUTH _____ TOTAL # _____ | <b>INSURANCE PROVIDED BY: (IF REQUIRED)</b> |  |  |                |
| <b>DO YOU REQUIRE USE OF THE ACTIVITY ROOM? (FOR AN ADDITIONAL FEE)</b> |  |   |  | <input type="checkbox"/> YES <input type="checkbox"/> NO | <b>TIME/S:</b> |

- I understand that Children 6 years and under must be accompanied in the water by a responsible person 16 years and over.
- I understand the Adult to Child Ratio: 1 adult to 3 children – children 6 years and under must be within arm's reach of the adult.
- I understand that no food or party supplies are allowed on the pool deck.

### Liability and Insurance Requirements for Major Events:

The City of Campbell River requires Comprehensive General Liability Insurance from applicants requesting the use of Municipal Property where;

- Alcohol is to be served.
- The number of participants exceeds one hundred & fifty (150) persons
- The planned activity is considered by the City to be a higher risk in nature and likely result in injury to the participants, guests, spectators, or other users of the property - this would include any sporting activity.

### The Minimum Liability Insurance Requirements are:

- Confirmation that the required insurance is currently in force must be submitted to the Recreation & Culture Department a minimum of two (2) weeks prior to the event. The policy must include: The City of Campbell River is to be listed on the policy as an additional insured.
- Cross Liability Clause/Severability of Interest
- Comprehensive General Liability Policy of not less than \$2,000,000 (\$3,000,000 if alcohol is served). CGL protects against third party claims for bodily injury, death, or property damage.
- Property loss and property damage of not less than \$1,000,000.
- Renter is responsible for security.

### Proof of required liability insurance must be submitted to the Community Centre or Sportsplex a minimum of 2 weeks prior to the event.

To cancel a booking, groups must notify the Recreation office during regular business hours and at least 72 hours prior to their scheduled event. Cancellation of events, where a security deposit has been taken are subject to a \$50 fee. The security deposits for these events are non-refundable if 72 hours notice has not been given.

The City of Campbell River is collecting this personal information pursuant to s.26 of the Freedom of Information and Protection of Privacy Act, for the following purpose: 26(c) - the information relates directly to and is necessary for a program or activity of the public body. If you have any questions about this collection of personal information, please contact the City's Privacy Head at foippa@campbellriver.ca or 250-286-5700.

**\*Please email completed application form to: [recandculture@campbellriver.ca](mailto:recandculture@campbellriver.ca) or click the SUBMIT button below:**

I agree that the information in this application is correct, and I fully understand and accept the Terms and Conditions herein.

Date: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_