



farragutparksandrec.org

## PROGRAMMING IN THE PARKS Program Proposal Form

For any person to be considered to use park open space or greenways to facilitate a program or activity, whether publicly or privately, the completion of this form in its entirety is required and should be submitted to Lauren Cox at [lcox@townoffarragut.org](mailto:lcox@townoffarragut.org). Once submitted, the proposer will be contacted by someone from the Town of Farragut's Parks & Recreation department to discuss the information that has been provided and to provide information of the process thereafter.

Date Submitted: \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Website: \_\_\_\_\_

Email Address: \_\_\_\_\_

### PROPOSAL INFORMATION

Name of Program/Activity or Specialty Proposed:

\_\_\_\_\_

Estimated Begin Date of Program: \_\_\_\_\_ Estimated End Date of Program:

\_\_\_\_\_

Total Duration of Program: \_\_\_\_\_ 4 weeks \_\_\_\_\_ 8 weeks \_\_\_\_\_ 12 weeks

\_\_\_\_\_ Other

Anticipated Maximum Attendance per class/activity: \_\_\_\_\_

Activity/Program On-site Instructor Name(s) and contact information if different from above:

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Program/Activity Description: Please provide a brief description of what type of activity you are requesting along with the days of the week, times, goals, etc.

Please specify which Town parks or greenways you are requesting.

*\*For a list of Town of Farragut parks please visit [farragutparksandrec.org](http://farragutparksandrec.org).*

Will the program be open to the public?  Yes  No, program is not open to the public.

Is there a fee to participate in the program?  Yes  No, program will be FREE

If you answered yes to a fee, please describe the program fee in detail.

If you are an instructor/trainer, you must attach/send proof of the following before permission is given to proceed with obtaining a "Programming in the Parks" permit.

Liability Insurance (\$1 Million per occurrence)

Current Certifications (NCCA accredited as an example) as applicable

Current CPR Certification as applicable

Copy of the liability waiver that will be used.

Are you a Non-Profit Organization?  Yes  No

- If yes, please also attach 501C-3 status to confirm.



## Farragut Programming in Parks Signature of Agreement

I, \_\_\_\_\_ (printed name) have read, understand and will adhere to the Town of Farragut Parks & Recreation Department's Programming in the Parks Policy and Programs in Parks Rules.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Release of Liability Waiver

*In exchange for myself or those in my organization being permitted to use open park space and greenways, it is understood and acknowledged by my signature below that I and/or the individual members of the organization have agreed that they will not hold the Town of Farragut liable for any loss or damage resulting from accidents or injuries sustained to person or property, or from theft of property which may occur during use of the facilities of the Town of Farragut.*

*By signing below, I acknowledge that I understand and/or have informed the organization that will be using the facilities of the terms and conditions spelled out herein upon which the Town of Farragut has consented to the use of the facilities; and that I and/or the members of the organization have agreed to those terms and conditions and authorized me to sign on their behalf.*

*By signing below, I and/or those in my organization agree that no person in the United States shall, on the grounds of race, color, national origin or disability, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance.*

*By signing below, I and/or those in my organization agree that they will report any accidents, incidents or deficiencies with the physical facility during the event to the Town of Farragut staff person on duty or if staff is not present, will report the accident, incident or deficiency within 24 hours to the Human Resources Manager at the Farragut Town Hall, 865-966-7057.*

*By signing below, certify that I and/or my club have provided the Town of Farragut a 3rd party liability insurance policy, with a minimum of \$1,000,000 coverage, listing Town of Farragut as additional insured.*

Signature \_\_\_\_\_ Date \_\_\_\_\_