



Parks Dept. Use Only

Damage Deposit Fee _____ Receipt #: _____

Rental Fee: _____ Receipt #: _____

Maintenance Cost: _____ Receipt#: _____

Event & Festival Application : (if applicable, copy) Yes _____ No _____

COVID-19 Management Plan Received: Yes _____ No _____

Notes:



Springfield Department of Parks, Buildings, and Recreation Management

Park Permit – Riverfront Park

Personal Information

Name Of Organization	Contact Name:
Email:	Address:
City:	State:
Zip Code:	Phone Number:
Additional Phone Number:	

Event Information

Date of Event:	Rain Date:
Number of People Attending:	Set up Time AM/PM:
Start Time AM/PM:	End Time AM/PM:
Notes:	

All checks are payable to the City of Springfield

*All fees, including maintenance costs, must be paid a minimum of 30 days in advance in order to secure your Park Permit. *

Costs

Mandatory Damage Deposit: Please include a payment with this application, if there is no damage, a refund will be issued. Amount: \$200.00	<i>Staff Use Only</i> Amount: _____
Rental Fee: Amount: \$300.00	<i>Staff Use Only</i> Amount: _____
Mandatory Maintenance Cost: (Must be a minimum of 4 hours) Park Employee: \$44.92/hr. Electrician: \$54.07/hr.	<i>Staff Use Only</i> Total Hours: _____ Amount: _____
Amtrak Cost: (Must be a minimum of 4 hours) for the use of the Amtrak gates open for set up, entrance, exit, and take down the personnel coverage during event.	Contact Sergeant Garden, from Amtrak, for further information via email gardenju@amtrak.com

Cancellations MUST be made five business days prior to occasion in order to qualify for refund

Special Circumstances

_____ Banners	_____ Tents	_____ Mega-Shell (Separate Application)
_____ Electricity	_____ Trash Receptacles	_____ Selling Items (Hawkers/Peddlers License can be obtained from Police Department)
_____ Police Detail, Liquor License, Cooking Food, or/and Amplification (speakers, music) requires an application from the City of Springfield Law Department. Applications must be obtained at least twenty-one days (21) prior to your scheduled event so all departments can review and approve or deny your request. Please contact Anna Martinez at amartinez@springfieldcityhall.com or 413-787-6175		

Please turn over



APPLICANT IS RESPONSIBLE FOR OBTAINING ALL NECESSARY LICENSES

All Parks Open at Dawn	All Parks Close at Dusk
No Fires Allowed	Alcoholic Beverages Prohibited
All Areas Must Be Left Clean & Orderly	Affixing of Notices is Prohibited
No Admission May Be Charged	Live Animal Rides Prohibited
No Amusement Rides / Bounce Houses / Inflatables Or Mechanical Operations	

Please complete below

I hereby attest that the preceding information is true. Further, I agree to abide by the Rules and Regulations of the Springfield Board of Park Commissioners as stated on the regulations information sheet. I agree to reimburse the **City of Springfield, Department of Parks, Buildings, and Recreation Management**, for any costs incurred in furnishing this property for our use. (Such costs include but are not limited to: trash pickup; clean up after the event; and/or repair of damages to park property.) The deposit will be refunded, provided none of the aforementioned situations occur.

As the Responsible Party/Authorized Representative of the Applicant for this Permit, I (name) _____ agree to the aforementioned and following conditions for the use of park properties. I/WE _____ hereby agree to and shall at all times, defend, indemnify, and hold the City of Springfield and its officers, agents, and employees, wholly harmless from any and all losses, costs, expenses (including court costs and attorney’s fees and - interest), claims, demands, suits by any person or persons, for property damage, personal injuries, including death, and other liabilities of whatever kind of nature, caused by, resulting from incident to, connected with, or arising directly or indirectly out of acts or omission of anyone using park property pursuant to this Permit. This indemnity shall survive termination of the agreement.

_____ I have received a copy and agree to abide by the Rules and Regulations of the Board of Park Commissioners. Failure to comply with all policies and procedures may result in additional fees.

_____ **I have provided a copy of a COVID-19 Management Plan for review and approval.**

Signature of Applicant _____ Date: _____

If Damage Deposit Was Retained, Explain: _____

Park Department Authorized Signature: _____ Preliminary Date Approved: _____

Park Department Authorized Signature: _____ Final Date Approved: _____

******Please Note Vehicle Entry into the Park Not Included in Fee******

Springfield Department of Parks, Buildings, and Recreation Management reserves the right to determine staffing requirements for events.
For further inquiries please call [413-787-6435](tel:413-787-6435) or www.springfield-ma.gov/park/