



## Town of Dover Recreation Department

Thomas J. Boyce Park

6420 Rt. 55

Wingdale, NY 12594

### Mailing Address:

Town of Dover Recreation Department  
126 East Duncan Hill Road  
Dover Plains, NY 12522

### Recreation Office Location:

Thomas J. Boyce Park  
6420 Rt. 55  
Wingdale, NY 12594

(845)832-9168 Phone

(845)832-3286 Fax

Website: <http://Doverrecreation.com>

## RECREATION FACILITY USE RULES AND REQUIREMENTS

### Make a Request:

Please follow the steps below to make a Facility Use Request:

1. Create an Account (username and password) or log into [Dover Recreation Website](#).
2. While logged in, navigate to [Facilities](#) and choose [Reservation](#) to make a Reservation Request (select a facility, date and time).

The Recreation Department will contact you once the request is received to confirm availability. Once request is confirmed, submit the following by mail or in person at least 7 days prior to the event (see *addresses above*):

1. signed rental agreement form
2. required rental fee
3. security deposit of \$125
4. certificate of liability insurance (see *insurance requirements on back of this form*)

### Rules:

- All rules and regulations posted at each facility must be adhered to.
- No staked tents, bounce houses or inflatables are permitted under any circumstances.
- Intoxicants / Alcohol / Firearms and Ammunition are strictly prohibited at all municipal facilities, at all times.
- Profanity, objectionable language, disorderly acts of conduct or illegal activities of any kind are absolutely prohibited, and those violating this prohibition will be ejected from the premises.
- Adequate adult supervision of children/students under 21 years old must be present at all times.
- No dogs permitted inside any building, or on playgrounds or pavilions.
- Applicant's decorations must be free standing or placed on a tabletop. Nails, tacks, pins, staples, scotch tape and masking tape are strictly forbidden.
- Renter must disclose any food/beverage services, at least 14 calendar days prior to contracted rental date. A business license and certificate of liability insurance by the food service is required and must be on file with the Recreation Department at least 14 calendar days prior to rental date.
- At the end of the rental term, renters will return the facility to a neat, orderly and clean condition. Renters will be responsible for sweeping and disposing of their own garbage.
- In the event of inclement weather, the Recreation Commission or its designee has the final authority over whether facilities are useable.

**Right to Cancel:** The Facility Renter shall be responsible for all persons who attend the function and shall ensure that all persons act in an orderly, responsible and safe manner. The Town of Dover retains the right to terminate the event or expel any person or persons who are deemed to be unruly, unsafe, acting with illegal or dangerous behavior or who are in violation of any other clause of the contract at any time during the event.

**Access to Facility:** The Facility Renter shall be aware that the Town of Dover reserves the right for its members, representatives and agents to have free access and the right to enter the premises at all times during the event.

### Security Deposit:

- A \$125.00 refundable security deposit payable to the Town of Dover is mandatory.
- The Facility Renter shall be responsible for any damages to the leased premises during rental, regardless of cause and shall promptly reimburse the organization in full for such damages.
- Following the event, the Town will inspect the facility to ensure that the condition of the facility complies with this agreement, and if so then the security deposit collected shall be returned.

**TOWN OF DOVER**  
**RECREATION FACILITY USE RULES AND REQUIREMENTS (continued)**

**REQUIRED INSURANCE:**

A certificate of liability insurance for both commercial users and individuals should reference the following as the certificate holder:

Town of Dover  
126 E. Duncan Hill Road  
Dover Plains, NY 12522

**Commercial Users:**

A certificate of liability insurance including bodily injury and property damage in an amount not less than \$1,000,000 each occurrence and \$2,000,000 in the aggregate is required. The certificate of liability must name The Town of Dover as an additional insured, provide coverage on a primary and non-contributory basis, and include a waiver of subrogation.

1. The user hereby agrees to effectuate the naming of the municipality as an unrestricted additional insured on the user's policy.
2. The policy naming the municipality as an additional insured shall
  - Be an insurance policy from an A.M. Best Rated "secured" New York State licensed insurer.
  - Contain a 30-day notice of cancellation
  - State that the organization coverage shall be primary coverage for the Municipality, its Board, employees and volunteers
  - Additional insured status shall be provided with ISO 2026 or its equivalent.
3. The user agrees to indemnify the municipality for any applicable deductibles.
4. Enclose a copy of the enforcement providing additional insured status.
5. User acknowledges that failure to obtain such insurance on behalf of the municipality constitutes a material breach of contract and subject it to liability for damages, indemnification and all other legal remedies available to the municipality. The user is to provide the municipality with a certificate of insurance evidencing the above requirements have been met. The failure of the municipality to object to the contents of the certificate or the absence of it shall not be deemed a waiver of any and all rights held by the municipality.

**Individuals:**

If the facility is to be rented by an individual, please provide **ONE** of the following:

Certificate of Liability Insurance

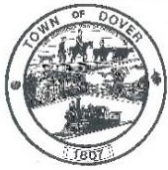
- The certificate of liability must include bodily injury and property damage in an amount not less than \$300,000 combined single limit.

**OR**

Homeowners or Renters Insurance Policy

- Homeowners or renters insurance policy showing the existence of liability insurance. Section Two must have a limit of \$300,000 on liability and presented to the Town of Dover Recreation Department. The policy shall not exclude the off-premises activities of the insured.
- Location of event should be listed as follows;
  - Thomas J Boyce Park, 6420 Route 55, Wingdale NY 12594
  - J.H. Ketcham Park, 46 Ketcham Park, Dover Plains NY 12522

**\*In the event of an accident or emergency situation please call the Recreation Director at 845-656-1684.\***



**Town of Dover Recreation Department  
 Thomas J. Boyce Park  
 6420 Rt. 55  
 Wingdale, NY 12594**

**Mailing Address:**

Town of Dover Recreation Department  
 126 East Duncan Hill Road  
 Dover Plains, NY 12522

**Recreation Office Location:**

Thomas J. Boyce Park  
 6420 Rt. 55  
 Wingdale, NY 12594

**(845)832-9168 Phone  
 (845)832-3286 Fax**

Website: <http://Doverrecreation.com>

**RECREATION FACILITY RENTAL APPLICATION**

**Today's Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Date Requested:** \_\_\_\_\_ **Set-up Time:** \_\_\_\_\_ **Break-down Time:** \_\_\_\_\_

**Purpose of Use:** \_\_\_\_\_

**Total Participants Expected:** \_\_\_\_\_ (Adults) \_\_\_\_\_ (Children) \_\_\_\_\_

Is there anything else we should know? \_\_\_\_\_

**FACILITY REQUESTED:**

- \_\_\_ **Boyce Park Pavilion**
- \_\_\_ **JHK Park Pavilion**
- \_\_\_ **JHK Park Community Center/Kitchen/Pavilion**

**FEE (Resident / Non-Resident):**

- \$200 RES / \$300 NR *(with or without lights)*
- \$175 RES / \$275 NR
- \$350 RES / \$450 NR

**\* A SECURITY DEPOSIT OF \$125 IS REQUIRED WITH ALL FACILITY USE REQUESTS (see details attached) \***

By my signature as Facility Renter, I acknowledge that I have fully read, understand and agree to all information provided in the attached "Recreation Facility Use Rules and Requirements" \_\_\_\_\_

**SIGN HERE ↑ Facility Renter Signature**

Office Use: Received:  Signed Facility Use Rental Agreement

Facility Use Rental Fee Amount Rcv'd \$ \_\_\_\_\_

Security Deposit Amount Rcv'd \$ \_\_\_\_\_ (  cash  check # \_\_\_\_\_ )

Certificate of Liability Insurance Date Rcv'd \_\_\_\_\_

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

Denied Reason for Denial: \_\_\_\_\_

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

Deposit Returned Date returned: \_\_\_\_\_

Deposit Not Returned Reason for not returning: \_\_\_\_\_