

Town of Hamilton

Recreation Department

16 Union St
S. Hamilton, MA 01982
978-468-5590

Park Director: _____

Recreation Director: _____

Police Chief: _____

Fire Chief: _____

REQUEST FOR USE OF PATTON PARK FACILITIES

Today's Date August 9, 2018

Organization Name Essex County Trail Association

Organization Address P.O. Box 358, Hamilton, MA 01936

Date of Event 11.23.18 Time 9:00A

Type of Event ☐ Park ☒ Recreation ☐ School ☐ Town

Description of Event 5K Trail Run - continuing the Gabe's Run Tradition

Area/Field you are requesting Patton Park

Number of Attendants Not sure - we are guessing 200+

ECTA _____
Name accepts full responsibility to comply with and abide by all regulations of the Town of

Hamilton governing the use of Patton Park and to hold harmless and to defend the Town of Hamilton against claims of any type whatsoever arising in any way from use by our organization of the park and its facilities. The town requires a certificate of insurance naming the Town of Hamilton as an additionally insured party for a minimum of \$1,000,000 per incident general liability coverage and \$3,000,000 aggregate general liability coverage.

It is understood that the use of alcoholic beverages, marijuana, or illegal substances on park property is prohibited. It is further understood that parking is only permitted in designated parking areas and never permitted on the grass or other lawn areas. All litter and refuse of any kind shall be removed and the park returned to its condition before use. If the Town incurs any expense due to our failure to comply with the above terms, we agree to be responsible and to pay the Town's expenses forthwith.

We agree to notify the Hamilton Police Department to inform them of the event and to pay for a police detail if required.

Signature 

Print Name Carol Lloyd

Date August 9, 2018

Approval for the Town _____ Date _____

Thanks for the Trails
9:00A
November 23, 2018

Set Up

The race is a 5K that is continuing the tradition of Gabe's Run. A portion of the proceeds will go towards their Foundation. We are organizing for 200 runners. We will certainly be in touch if registration exceeds that number.

The race starts and ends in Patton Park – the kid's fun run does as well. Attached are the maps for your review. Parking is completely in the Myopia Schooling Field down next to the polo arena. There will be volunteers located in various parking spots to send all runners to the Schooling Field Parking. We will also have parking signs and send emails to make sure that everyone understands the change in parking from years past. The event will, therefore, all be on the same side of 1A.

When the runners come out of the Bottomley's driveway, we will have people there directing them to the sidewalk for the short time they run along 1A.

We will have two tents. One is 20'x20' and the other 20'x30'. One will be for runners to store their gear, the other will be for registration. We will have 4 porto-potties but this number can change if the number of expected runners increases or decreases. Will work with Sean Timmons to see where they should go.

Schedule

Set up will begin around 6:30A. Registration will open at 7:30A. The race will go off at 9:00A. The kid's fun run will go off at 9:30A. Everyone will be finished by 10:30. A short awards ceremony will follow. Everything/everyone will be gone by 12:00P..

Details

Our timing company will be stationed in the school across the street entering in the runners who register for the first time on that day. We will have someone running the forms to them until the race begins. North Shore Timing will be at the start as the race begins and will not be using the school after that.

We have told our sponsors that they may bring banners or tents for the event. Will work with Sean Timmons to see where they should go.

Music will be playing from some sort of speaker. We will make sure it is not too loud.

Food will be served. Specifically – water, fruit, bagels, energy bars and soup. We will work with the Board of Health on the soup as soon as a supplier has been identified.

Sean Timmons

From: CAROL LLOYD <calloyd@comcast.net>
Sent: Tuesday, September 18, 2018 11:38 AM
To: Sean Timmons
Cc: Eric J. Krathwohl
Subject: RE: Certificate of Insurance

Hey Sean,

They would go up the morning of the race. It would be the ECTA and the following may, just don't know if they have banners or not:

Institution for Savings

New England Biolabs

EBSCO

Thanks!

Carol

Carol Lloyd

Director Trail Management

Essex County Trail Association



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/11/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 0C36861 Chantilly-Alliant Ins Svc Inc. 4530 Walney Rd Ste 200 Chantilly, VA 20151-2285		CONTACT NAME: Edye Lewis PHONE (A/C, No, Ext): (703) 397-0977 E-MAIL ADDRESS: edye.lewis@alliant.com FAX (A/C, No):		
INSURED Essex County Trail Association PO Box 358 Hamilton, MA 01936		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Federal Insurance Company		20281
		INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		
INSURER F :				

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED 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 PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			3536-06-07 EUC	08/25/2018	08/25/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included
A	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			3536-06-07 EUC	08/25/2018	08/25/2019	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event Name: 5K trail run

Event Date: November 23, 2018

CERTIFICATE HOLDER

CANCELLATION

Town of Hamilton
577 Bay Road
Hamilton, MA 01982

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE