



County of San Diego  
Department of Parks and Recreation

Application to Conduct Commercial  
Recreational Activity

<input type="checkbox"/> PAID _____
<input type="checkbox"/> Check _____
<input type="checkbox"/> Cash _____
<input type="checkbox"/> Credit Card _____
<input type="checkbox"/> Res/Sale No. _____
Received by _____

**Applicant Information**

Group or Individual: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Website: \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_

Status of Applicant:     Individual                       Non-Profit Organization                       Commercial/Private

List of Instructors: \_\_\_\_\_  
\_\_\_\_\_

**Desired Locations**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> El Monte Park                    | <input type="checkbox"/> Jess Martin Park   | <input type="checkbox"/> San Elijo Park           |
| <input type="checkbox"/> Eucalyptus Park                  | <input type="checkbox"/> Lamar Park         | <input type="checkbox"/> Steele Canyon Park       |
| <input type="checkbox"/> Felicita Park                    | <input type="checkbox"/> Live Oak Park      | <input type="checkbox"/> Stelzer Park             |
| <input type="checkbox"/> Flinn Springs Park               | <input type="checkbox"/> Nancy Jane Park    | <input type="checkbox"/> Sweetwater Lane          |
| <input type="checkbox"/> Goodan Ranch/<br>Sycamore Canyon | <input type="checkbox"/> Old Ironsides Park | Sports Park                                       |
| <input type="checkbox"/> Guajome Regional Park            | <input type="checkbox"/> Otay Lakes Park    | <input type="checkbox"/> Sweetwater Regional Park |
| <input type="checkbox"/> Hilton Head Park                 | <input type="checkbox"/> Pine Valley Park   | <input type="checkbox"/> Tijuana River Valley     |
| <input type="checkbox"/> Other: _____                     | <input type="checkbox"/> San Dieguito Park  | Regional Park                                     |

**Description of Activity**

\_\_\_\_\_  
\_\_\_\_\_

## Estimated Size of Group

\_\_\_\_\_ (number of participants)

## Frequency of Activity

\_\_\_\_\_ (number of hours per week, per park (max. 10 hours per week))

## Fees

Commercial activity permit fees are \$400 per year, per park. The permit is valid for one year, beginning the day that payment is received by the Department of Parks and Recreation.

## Insurance Requirements

Within 10 working days of the inception of the Permit, Permittee shall submit to County certificates of insurance and appropriate separate endorsements to the actual insurance policy, evidencing that the Permittee has obtained for the period of the Permit, at its sole expense, insurance in the following forms of coverage and minimum amounts specified from insurance carriers with a Best's Rating of not less than A, VII or a company of equal financial stability approved in writing by County's Risk Management Division. The required limits of liability shall in no way limit permittee's indemnification obligations.

- a. An occurrence policy of Commercial General Liability insurance including Premises, Operations, Products and Completed Operations, Contractual Liability, and Independent Contractors Liability insuring Permittee against liability for bodily injury, personal injury or property damage arising out of or in connection with the Permittee's performance of work or service under this Permit of not less than \$1,000,000 per occurrence and \$2,000,000 general aggregate. The County of San Diego, its officers, agents, employees, and volunteers shall be added as Additional Insured by separate endorsement to the Permittee's insurance (at least as broad as ISO from CG 2010 11 85 or both CG 2010, CG 2026, CG 2033, or CG 2038; and CG 2037 forms if later revisions used).
- b. Statutory Workers' Compensation, as required by State of California and Employer's Liability at \$1,000,000 each accident for bodily injury or disease. Coverage shall include waiver of subrogation endorsement in favor of County of San Diego (not required if permittee provides written verification it has no employees).
- c. Professional Errors and Omissions Liability: \$1,000,000 per claim with an aggregate limit of not less than \$2,000,000. Professional Liability with insurance appropriate to the Permittee's Profession. This coverage shall be maintained for a minimum of two years following termination or completion of Permittee's work pursuant to the Permit.
- d. Certificates of insurance provided by Permittee must evidence that the insurer providing the policy will give County written notice of cancellation in accordance with the policy provisions.

If the permittee maintains broader coverage and/or higher limits than the minimums shown above, the County requires and shall be entitled to the broader coverage and/or higher limits maintained by the Permittee. As a requirement of this permit, any available insurance proceeds in excess of the specified minimum limits and coverage stated above, shall also be available to the County of San Diego.

The County of San Diego shall retain the right to review the coverage, form and amount of insurance required herein and may require Permittee to obtain insurance reasonably sufficient in coverage, form and amount to provide adequate protection against the kind and extent of risk which exists at the time a change in insurance is required. County retains the right to demand a certified copy of any insurance policy required herein after 15 days notice.

## Defense and Indemnity

To the fullest extent permitted by law, County shall not be liable for, and Permittee shall defend and indemnify County and its elected officials, officers, agents, employees and volunteers (collectively "County Parties"), against any and all claims, deductibles, self-insured retentions, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees and court costs (collectively, "Claims"), that arise out of or are in any way connected to this Permit or the Permittee's use of the Park arising either directly or indirectly from any act, error, omission or negligence of Permittee or its officers, employees, agents, contractors, servants, guests, invitees, members or volunteers, including, without limitation, Claims caused by the sole passive negligent act or the concurrent negligent act, error or omission, whether active or passive, of County Parties. Permittee shall have no obligation, however, to defend or indemnify County Parties from a Claim if it is determined by a court of competent jurisdiction that such Claim was caused by the sole active negligent act or willful misconduct of County Parties.

## Criminal Background Check

All instructors, including assistants and substitutes, are required to submit to a criminal history background check administered by the County. The permit will not be finalized until the Department of Parks and Recreation (DPR) has received clearance from the Department of General Services (DGS). The status of the criminal background check clearance must remain current throughout the term of the permit. The applicant is responsible for all fees associated with the background check and fingerprinting process.

After receiving clearance, DGS will issue an identification badge to the instructor, which must be worn at all times while conducting the permitted activity at a County park.

**Please email, fax or mail completed applications to:  
Reservations Desk, County of San Diego, Department of Parks and Recreation  
5510 Overland Ave., Suite 270, San Diego, CA 92123  
Email: [askparks.lue@sdcounty.ca.gov](mailto:askparks.lue@sdcounty.ca.gov) • Phone: 858-565-3600 • Fax: 858-495-5841**

Permittee agrees to comply to applicable laws and to maintain the premises in good condition at all times.

Permittee agrees to all terms and conditions of this permit application form including provisions in attachments.

Permittee confirms that the information listed on this application is complete and correct.

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Signature

E-signatures not accepted

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Date

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Print Name

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Title

# STAFF USE ONLY

Insurance Certificate

Release of Liability

Certifications

Criminal Background Check

Payment:

Amount Received: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Permitted Area: \_\_\_\_\_ Alternate Area: \_\_\_\_\_

Permitted Dates (one year from date of payment): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month / day / year) (month / day / year)

Approvals:

Site Supervisor: \_\_\_\_\_ (initials)

Region Manager: \_\_\_\_\_ (initials)

Comments: \_\_\_\_\_

