



# LEDYARD PARKS AND RECREATION

Scott Johnson Jr  
Director

12 Van Tassell Drive Gales Ferry CT 06335  
(860) 464-9112

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Assistant Director



## PAVILION PERMIT

Please check appropriate block:

- DeMuria Pavilion (*Colonel Ledyard Park*)
- Jane Perry Pavilion (*Highland Lake*)
- Holdridge Pavilion\* (*Town Green*)
- Sawmill Park\*
- Erickson Park\*

Date Requested \_\_\_\_\_

Purpose \_\_\_\_\_

Approximate Attendance \_\_\_\_\_

Start Time \_\_\_\_\_ End \_\_\_\_\_

Person Responsible (Signee) \_\_\_\_\_

Address \_\_\_\_\_

Phone/Cell \_\_\_\_\_

Email \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Driver's License (Check ID)

Yes

No

### FEES

#### DeMuria Pavilion

#### Perry Pavilion

Resident/Taxpayer	(under 100)	\$ 75 _____	\$ 50 _____
	(over 100)	\$100 _____	\$ 55 _____
Town Business	(under 200)	\$150 _____	\$100 _____
	(over 200)	\$200 _____	\$150 _____
Non-Resident	(under 100)	\$175 _____	\$100 _____
	(over 100)	\$200 _____	\$150 _____
Non-Town Business	(under 100)	\$300 _____	\$275 _____
	(over 100)	\$350 _____	\$325 _____
Town Religious Organization	(under 100)	\$150 _____	\$120 _____
	(over 100)	\$175 _____	\$150 _____
Non-Town Religious Organization	(under 100)	\$250 _____	\$225 _____
	(over 100)	\$300 _____	\$250 _____
Non-Profit Organization	(under 100)	\$ 50 _____	\$ 25 _____
	(over 100)	\$100 _____	\$ 25 _____

Youth Leagues, Boy Scouts,  
School Classes, etc.

\$ 25 \_\_\_\_\_

**\*Holdridge Pavilion, Erickson Park**

**Sawmill Park**

**\$25** \_\_\_\_\_

Businesses, religious organizations, profit making events, etc., will be assessed a separate fee based upon an admission fee, use of vendors, or number of attendees/spectators and/or participants.

## Rules and Regulations

1. All motor vehicles shall be parked in designated parking areas.
2. Each party is responsible for cleaning up their immediate area and disposing of waste material in receptacles. Please separate cans. **Put tables back in original positions.**
3. **NO GLASS CONTAINERS.**
4. No alcoholic beverages can be consumed on any Town facility without the written approval of the Parks and Recreation Director or the Parks and Recreation Commission.
5. This permit is for exclusive use of the pavilion only, not the entire park.
6. **THERE ARE NO REFUNDS ON PARK PERMITS.**
7. All DECD guidelines and all other applicable executive orders governing conduct in public places must always be followed. Sector guidelines can be found at <https://portal.ct.gov/DECD/Content/Coronavirus-Business-Recovery/Sector-Rules-and-Certification-for-Reopen>
8. All event attendees shall wear a surgical style mask or other face covering (e.g. cloth mask) that completely covers the nose and mouth when unable to maintain social distance of 6 ft of those not in the same family or household, unless doing so would be contrary to his or her health or safety because of a medical condition. Masks or face coverings may be temporarily removed while eating and/or drinking.
9. Attendees who are not members of the same family or household shall maintain appropriate social distance of 6ft apart.
10. No one shall attend or use any park amenity if (a) they are experiencing symptoms associated with COVID-19, including but not limited to, cough, fever, chills, muscle pain, headache, sore throat, new loss of taste or smell, (b) if they have tested positive for COVID-19 or have come in contact with someone who has tested positive for COVID-19 in the past 14 days. (c) if they are subject to the State's travel advisory order.
11. Gatherings shall be limited to current DECD guidelines and/or executive orders.

### To be completed by Organization

Will an admission or registration fee be charged? \$ \_\_\_\_\_ Ledyard based organization? YES \_\_\_ NO \_\_\_

Please provide name and address of the treasurer of organization or authorized representative for receiving invoices for services at facility, such as clean up, trash, damages, etc.

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

		YES	NO	
<i>Requirements:</i>	<i>Vendor</i>	_____	_____	<i>Town Permit Required</i>
	<i>Concessionaire</i>	_____	_____	
	<i>Water</i>	_____	_____	
	<i>Electricity</i>	_____	_____	
	<i>Toilets</i>	_____	_____	
	<i>Bleachers</i>	_____	_____	
	<i>Firemen</i>	_____	_____	
	<i>EMT's</i>	_____	_____	
	<i>Other</i>	_____	_____	

Upon the discretion of the Parks and Recreation Director or Designee, you must submit a Certificate of Insurance to the Parks and Recreation Office, 12 Van Tassell Drive, Gales Ferry, CT 06335. A minimum of \$1,000,000 bodily injury and property damage required.

**Amount of Liability Insurance: Bodily Injury** \_\_\_\_\_ **Property Damage** \_\_\_\_\_

Upon the discretion of the Parks and Recreation Director or designee, extra police, port-a-jons, dumpsters/trash cans or maintenance services may be required and must be paid for by the Treasurer or signee prior to the event.



**COVID-19 CERTIFICATION: THE APPLICANT HEREBY CERTIFIES THAT THE GROUP OR ORGANIZATION (IF APPLICABLE) NAMED ABOVE HAS RECEIVED A "REOPEN CT BADGE" NO. \_\_\_\_\_ AND WILL ADHERE TO THE GOVERNOR'S EXECUTIVE ORDERS AND SECTOR RULES CONCERNING COVID-19 MITIGATION EFFORTS.**

This permit is issued in accordance with the policies adopted by the Ledyard Parks and Recreation Commission. All policies can be obtained at the Office of the Parks and Recreation Department located at 12 Van Tassell Drive, Gales Ferry, CT.

In consideration of being granted permission by the Town of Ledyard to enter and use Ledyard facilities, Ledyard, CT; I/we hereby understand and agree that the Town of Ledyard or the Parks and Recreation Department does not:

- 1. Make any representation that the premises are safe for any purpose or
- 2. Confer upon me/us the legal status of an invitee or licensee to whom a duty of care is owed or
- 3. Assume responsibility for or incur liability for any injury to any person or property caused by an act or omission of the Town of Ledyard and the Parks and Recreation Department Staff.

I have read the above Rules and Regulations concerning the use of this Town's facilities. I, my guests and others in this group will abide by them.

I \_\_\_\_\_ shall fully indemnify, defend and hold harmless the Town of Ledyard and/or the Ledyard Board of Education and all of their respective officers, employees, agents, servants and volunteers to the fullest extent allowed by law for any claim for personal injury, bodily injury, death, property damage, emotional injury or any other injury, loss or damage of any kind, including the possible risks of exposure to COVID-19 in public spaces occurring during the term of the agreement and even if caused by the negligence of the Town of Ledyard or Ledyard Board of Education or any of their officers, employees, agents, servants and volunteers.

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

**NOTE: Signee, per State of Connecticut State Statutes, is responsible for all guests, damages, accidents, behavior, trash, etc.**

\_\_\_\_\_ Permission for request NOT APPROVED.  
\_\_\_\_\_ Permission for request APPROVED.

\_\_\_\_\_  
Ledyard Parks and Recreation Director/Designee Date \_\_\_\_\_