1) Roll Call

2) Pledge of Allegiance

3) Review and Approval of Minutes: February 26, 2020 minutes

4) Requests for Use:
   a) Flagler County Drug Court – Bat for a Cause Softball Tournament 9/26/2020 at Flagler County Recreation Area
   b) Flagler Senior Softball 65+ Fall Season 2020 at Flagler County Recreation Area
   c) Flagler Senior Softball 55+ Fall Season 2020 at Flagler County Recreation Area
   d) Flagler Babe Ruth Baseball Fall Season 2020 at Flagler County Recreation Area
   e) Flagler County Schools Cross Country Team 9th Annual Spikes & Spurs Classic at Flagler County Recreation Area 9/12/2020
   f) Florida Youth Athletic Association Fall Football Season at Wadsworth Park
   g) Florida Youth Athletic Association Fall Cheer Season at Wadsworth Park
   h) Graham Swamp Trail Crew Trail Maintenance for 2020
   i) Flagler County Horseshoe Club Tournament at Old Dixie Park 9/19/2020
   j) Flagler County Horseshoe Club Tournament at Old Dixie Park 10/23/2020
   k) Flagler County Horseshoe Club Tournament at Old Dixie Park 10/24/2020
   l) Flagler County Horseshoe Club Tournament at Old Dixie Park 1/16/2021
   m) Flagler County Horseshoe Club Tournament at Old Dixie Park 2/6/2021
   n) Flagler County Horseshoe Club Tournament at Old Dixie Park 3/27/2021
   o) Flagler County Horseshoe Club Tournament at Old Dixie Park 4/10/2021
   p) Sommer Sports Florida X-Treme Triathlon at River to Sea Preserve & Old Salt Park 11/15/2020
   q) East Coast Elite Baseball Fall Season
   r) Daytona Legends Baseball Club Fall Season
   s) Palm Coast Little League Baseball & Softball
   t) Flagler Area Biking SORBA Grind, Sweat & Beers at Malacompra MTB, Graham Swamp MTB & Hammock Community Center 12/5-6/2020

5) Fee Waiver Requests:
   a) Flagler County Drug Court – Bat for a Cause Softball Tournament 9/26/2020 at Flagler County Recreation Area
   b) Flagler Senior Softball 65+ Fall Season 2020 at Flagler County Recreation Area
   c) Flagler Senior Softball 55+ Fall Season 2020 at Flagler County Recreation Area
d) Flagler Babe Ruth Baseball Fall Season 2020 at Flagler County Recreation Area

e) Flagler County Schools Cross Country Team 9th Annual Spikes & Spurs Classic at Flagler County Recreation Area 9/12/2020

f) Florida Youth Athletic Association Fall Football Season at Wadsworth Park

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i) Flagler County Horseshoe Club Tournament at Old Dixie Park 9/19/2020

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q) East Coast Elite Baseball Fall Season

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s) Palm Coast Little League Baseball & Softball

t) Flagler Area Biking SORBA Grind, Sweat & Beers at Malacompra MTB, Graham Swamp MTB & Hammock Community Center 12/5-6/2020

6) Staff Comments

7) Committee Comments

8) Public Comment

9) Adjournment

PLEASE TAKE NOTICE THAT INDIVIDUAL COMMISSIONERS OF THE BOARD OF COUNTY COMMISSIONERS MAY ATTEND THIS MEETING. THE COMMISSIONERS, WHO ATTEND, WILL NOT TAKE ANY ACTION OR TAKE ANY VOTE AT THIS MEETING.

THIS IS NOT AN OFFICIAL MEETING OF THE BOARD OF COUNTY COMMISSIONERS OF FLAGLER COUNTY. THIS NOTICE IS BEING PROVIDED TO MEET THE SPIRIT OF THE SUNSHINE LAW TO INFORM THE PUBLIC THAT COMMISSIONERS MAY BE PRESENT AT THESE DISCUSSIONS.

IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT, PERSONS NEEDING ASSISTANCE TO PARTICIPATE IN THIS MEETING SHOULD CONTACT THE NUMBER LISTED ABOVE AT LEAST 48 HOURS PRIOR TO THE MEETING.
Regular Meeting Minutes  
Wednesday, February 26, 2020 at 10:00 AM

1) **Roll Call:** There was a quorum present.  
**Members Present:** Arnie Levine, Joe Dziak, Mike Dembrosz, Barbara Salter, Robert Knapp, John Tipton  
**Members Excused:** David Ragsdale  
**Staff Present:** Frank Barbuti, Craig Lenniger and Darlene Harper

2) **Pledge of Allegiance**

3) **Review and Approval of Minutes: January 22, 2020 minutes**  
**Motion:** Motion to Approve  
**Motion By:** Mike Dembrosz  
**Motion 2nd by:** Robert Knapp  
**Vote:** Motion approved by unanimous vote

4) **Fee Waiver Requests:**  
   a) First Baptist Christian Academy High School for Flagler County Recreation Area for Baseball Practice and games for the Spring of 2020  
   b) First Baptist Christian Academy High School for Flagler County Recreation Area for Baseball Practice and games for the Spring of 2020  
   c) Flagler Elite Fastpitch Softball for Flagler County Recreation Area for youth Softball practice and games for the Spring 2020  
   d) Flagler Senior Softball over 55 for Flagler County Recreation Area for softball for Spring of 2020  
   e) Flagler Senior Softball over 65 for Flagler County Recreation Area for softball for Spring of 2020  
   f) Home schoolers 4-H Group for Cattleman’s Hall for meetings for the Spring of 2020  
   g) Humble Hustlers 4-H Group for Cattleman’s Hall for meetings for the Spring of 2020  
   h) Oceans 26.2 Relay Race for Hammock Community Center, Hammock Community Center Pavilion & Wadsworth Park for May 9, 2020  
   i) Flagler Sheriffs PAL 12 & under softball for Flagler County Recreation Area for Softball Practice for the Spring of 2020  
   j) Flagler Sheriffs PAL 18 & under softball for Flagler County Recreation Area for Softball Practice for the Spring of 2020  
   k) Flagler Sheriffs PAL for Hidden Trails Community Center for Spring Brake Event 3/18/2020  
   l) Palm Coast Little League Baseball for Flagler County Recreation Area for games and practices for the Spring of 2020
m) Palm Coast Little League Softball for Flagler County Recreation Area for games and practices for the Spring of 2020
n) Dawn Lisenby for Graham Swamp Management Area for the 5th Annual Swamp Trail Race on 3/7/2020
o) Top Shots for Flagler County Recreation Area for their Spring Archery Competition on 3/7/2020
p) Top Shots for Flagler County Recreation Area for their Spring Archery Competition on 3/28/2020
q) Wadsworth Park Senior Softball for Wadsworth Park Softball Field for games and practices for the Spring of 2020
r) Wadsworth Senior Softball is requesting use of the Herschel King Park Pavilion for their annual family picnic on 3/28/20 & 3/29/20

**Board Discussion:** There were two questions relating to the Spring Archery Competition. 1) Is it normal to charge a fee but still ask for a fee waiver and 2) have they held this event before? Staff member Frank Barbuti explained this is a 4-H program that has been held before and this is how they fund their program.

**Motion:** Motion to Approve Items 4a-4r.
**Motion By:** John Tipton
**Motion 2nd by:** Robert Knapp
**Vote:** Motion approved by unanimous vote

5) **Staff Member Time:** Frank Barbuti advised the pavilion at River to Sea is nearly complete, the tennis court at Wadsworth Park has been resurfaced, the fitness equipment has been removed from Hidden Trails Park as it was deteriorating, last weekend we had a successful Native American Festival that was very well attended.

6) **Board Member Time:** Arnie Levine visited Princess Place Park and noticed a couple areas that could use cleaning up, Frank will get with staff to remedy this. Another member advised he has not seen the eagles and believes they may have relocated but could come back. Barbara Salter advised this could be a good article. She will look into it. There was discussion about the eagles, their history and the significance of having eagles in the park.

7) **Public Comment Time:** Forrest Hahn who is the new president of Flagler Baseball. He introduced himself, praised the park. He shared he would like this to become a nonsmoking park. He realizes there are signs posted but it is still a problem. He shared upcoming legislation facts and personal stories. The group discussed the issue and how other cities have addressed it. They also discussed the beaches and the effects of the weather.

8) **Adjournment:** Motion to adjourn
**Motion By:** Mike Dembrosz
**Motion 2nd by:** Robert Knapp
**Vote:** Motion approved by unanimous vote
Sport Field Usage Application

Name: Michael Feldbauer

Address: 55 Black Alden Dr

City: Palm Coast State: FL Zip: 32137

Phone: 386-864-2624 Cell: 401-864-6947

E-mail: MFEdBauer@Gmail.com DL#: F431-512-47-046-0

Name/Organization: The Flden County Pubt Court Foundation

501c Tax Exempt: 

Insurance Provider:

Fields Requested: Softball Fields

Type of Activity: Fund Raiser Bat for a Cause

Anticipated Attendance: 75

Requested Time of Use:
Beginning Date: 9/26/2020 Ending Date: 9/26/2020
Beginning Time: 8:00 AM Ending Time: 10:00 PM

Charles Ericksen, Jr.
District 1

Greg Hansen
District 2

David Sullivan
District 3

Joe Mullins
District 4

Donald O'Brien, Jr.
District 5

http://www.flaglercounty.org
*All organizations and customers using special equipment (electricity/generator, bounce house, etc) will be required to provide Certificate of Insurance, General Liability for $1,000,000.00 showing the following as additional insured and certificate holder:

Flagler County Board of County Commissioners
1769 E Moody Blvd
Bunnell, Fl. 32110

Please note that all Parks and Facilities open at 8am and close at 11:00pm. Princes Place Preserve opens 7:00am and closes at 6:00pm. Please be sure to allow set up/clean up time along with the event time.

For after hours assistance, please call Frank Barbuti, (386) 931-2901

Expected maximum number of persons on site at any one time _______________________

Is this a fundraiser?  Yes___ No  Funds raised for ________________________________

Are you charging a fee?  Yes___ No

Will merchandise, food or beverages be sold at the event?  Yes___ No

If yes, by whom? ______________________________________________________________

Do you plan on bringing any vendors/large items into the facility?  Yes___ No

Will alcohol be used/sold/served?  Yes___ No

Will there be signs and banners to advertise this event?  Yes___ No

Will there be portable toilets? (Show site plan)  Yes___ No

Do you have any need for electric if available?  Yes___ No

Sponsors ________________________________________________________________

Public ________________________________________________________________

Performers ________________________________________________________________

Vendors (NOTE all vendors need business licenses) ____________________________________________
Entertainment (Show on site plan):

Location: ____________________________

Will amplified sound equipment or live band be used?  Yes  No

Speaker/Microphone?  Yes  No

Electrical Hook-ups?  Yes  No

Parking Requirements (Show on site plan):

Number of total parking spaces available ______

Number of Handicapped spaces available ______

Participants Parking Location (Show on site plan)

Vendors Parking Location (Show on site plan)

Public Parking Location (Show on site plan)

Using Private Security?  Yes  No

If yes, name of company/contact person__________________________

Phone number__________________________

[ ] See attached checklist for required information that must accompany application

Deposit and Fees:

All fees must be made payable to the Flagler County Board of County Commissioners prior to use of the facility, payments may be made by check, cash, money order or credit card. Online payments must be made by credit card only, and be paid in full at the time of the reservation. The deposit fee will be returned by mail to the user approximately forty-five (45) to sixty (60) days after the use date. The fee and security deposit will be refunded if the reservation is cancelled seven (7) days prior to the use date.

The pavilion/ building should be left in the same condition as it was found on the day of use to ensure deposit refund. The security deposit will not be returned until all keys have been returned (if applicable). No key shall be duplicated. Please Do Not use bleach to clean anything, as this damages floors/surfaces. Please Do Not staple or tack anything to the facilities interior/ exterior. User may not enter facility prior to use date.

**Persons renting the Community Centers or Pavilions should be aware that those are two separate facilities that can be rented by different parties. If you intend to use the exterior facilities of the Community Centers during your event, you must also rent the pavilion**

In consideration of the privilege herein granted, the user and guests will not claim any damages from Flagler County its officials, employees and agents in connection with or on account of any
injuries or damages arising in or on the above referenced property while being used, including the users, members, guests or invitees and user further agrees to indemnify and hold harmless Flagler County its officials, employees and agents from claims and/or damages in connection with the use of the property by the user or its members, guests or invitees.

Alcoholic Beverages:
Alcoholic beverages are not permitted on the premises except for organized functions at which the group is private and the event is not open to the public. No alcoholic beverages may be sold on site unless approval has been given with submission of permit from the County. If Alcohol consumption is planned at the event, the user group must first file for a special permit with the Parks & Recreation Department. A permit fee of $50.00 will be charged in addition to the user fee.
I agree to abide by the alcoholic beverage rules and I further understand that I can receive a citation for breaking this law. Ordinance #86-8.

I acknowledge and agree as the applicant for usage of the facility noted on this permit all usage of the facility will be in compliance with Flagler County Municipal Code Article 1.Sec. 23 and the applicable codes of the jurisdictional municipality where the applied for facility is located.

Individual/Group Signature

Date

For Department Use Only

Deposit Fee per field per day Total: $ ______________

Rental Fee per field per day Total: $ ______________

Date Received: _______________ Check # ________________________________

Insurance Certificate needed ______________________________________________________________________
ORGANIZATION PARTICIPATION

HOLD HARMLESS AGREEMENT

The authorized group representative on behalf of organization members agrees to protect, indemnify, defend and hold harmless Flagler County and its officials, employees and agents from any and all claims, liabilities, damages or right of action directly or indirectly arising out of the use of Flagler county facilities and equipment.

Organization name: The Flagler County Drug Court Foundation, Inc

Activity: Bat for a Cause Soft Ball Tournament Found Raiser

Usage date(s): September 26, 2020

Authorized organization representative: Michael B Feldbauer

Title of representative: President of the Flagler County Drug Court Foundation

Address: 55 Black Alder Dr, Palm Coast, FL 32137

Phone: (H) 386-864-7874 (W) 401-864-6997

Signed: ____________________________ Date: 8/12/2020

Approved by: ______________________ Date: ________

District 1 District 2 District 3 District 4 District 5
Sport Field Usage Application

Name  Gary Hall

Address  12 Pickston Ln  FL 32164

City  Palm Coast  State  FL  Zip  32164

Phone#  (386) 313-6479  Cell #

E-mail  ghall842@yahoo.com  DL#  H400-294-42-424-0

Name/Organization  Flagler Senior Softball 65+

501c Tax Exempt#

Insurance Provider

Fields Requested  Bunnell Fairground Fields 6, 7, & 8

Type of Activity  Softball

Anticipated Attendance  50

Requested Time of Use:
Beginning Date  09/14/2020  Ending Date  11/18/2020
Beginning Time  9:00 am  Ending Time  12:30 pm
Days Requested: Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

District 1  District 2  District 3  District 4  District 5

http://www.flaglercounty.org
*All organizations and customers using special equipment (electricity/generator, bounce house, etc) will be required to provide Certificate of Insurance, General Liability for $1,000,000.00 showing the following as additional insured and certificate holder:

Flagler County Board of County Commissioners
1769 E Moody Blvd
Bunnell, FL 32110

Please note that all Parks and Facilities open at 8am and close at 11:00pm. Princes Place Preserve opens 7:00am and closes at 6:00pm. Please be sure to allow set up/clean up time along with the event time.

For after hours assistance, please call Frank Barbuti, (386) 931-2901

Expected maximum number of persons on site at any one time 50

Is this a fundraiser? □ Yes □ No  Funds raised for _______________________

Are you charging a fee? □ Yes □ No

Will merchandise, food or beverages be sold at the event? □ Yes □ No

If yes, by whom? ______________________

Do you plan on bringing any vendors/large items into the facility? □ Yes □ No

Will alcohol be used/sold/served? □ Yes □ No

Will there be signs and banners to advertise this event? □ Yes □ No

Will there be portable toilets? (Show site plan) □ Yes □ No

Do you have any need for electric if available? □ Yes □ No

Sponsors ____________________________

Public ____________________________

Performers ____________________________

Vendors (NOTE all vendors need business licenses) ____________________________
Entertainment (Show on site plan):

Location:

Will amplified sound equipment or live band be used? □ Yes □ No
Speaker/Microphone? □ Yes □ No
Electrical Hook-ups? □ Yes □ No

Parking Requirements (Show on site plan):
Number of total parking spaces available ________
Number of Handicapped spaces available ________

Participants Parking Location (Show on site plan)
Vendors Parking Location (Show on site plan)
Public Parking Location (Show on site plan)
Using Private Security? □ Yes □ No
If yes, name of company/contact person _______________________________________
Phone number ____________________________________________

[ ] See attached checklist for required information that must accompany application

Deposit and Fees:
All fees must be made payable to the Flagler County Board of County Commissioners prior to use of the facility, payments may be made by check, cash, money order or credit card. Online payments must be made by credit card only, and be paid in full at the time of the reservation. The deposit fee will be returned by mail to the user approximately forty-five (45) to sixty (60) days after the use date. The fee and security deposit will be refunded if the reservation is cancelled seven (7) days prior to the use date.

The pavilion/building should be left in the same condition as it was found on the day of use to ensure deposit refund. The security deposit will not be returned until all keys have been returned (if applicable). No key shall be duplicated. Please Do Not use bleach to clean anything, as this damages floors/surfaces. Please Do Not staple or tack anything to the facilities interior/exterior. User may not enter facility prior to use date.

**Persons renting the Community Centers or Pavilions should be aware that those are two separate facilities that can be rented by different parties. If you intend to use the exterior facilities of the Community Centers during your event, you must also rent the pavilion**

In consideration of the privilege herein granted, the user and guests will not claim any damages from Flagler County its officials, employees and agents in connection with or on account of any
injuries or damages arising in or on the above referenced property while being used, including
the users, members, guests or invitees and user further agrees to indemnify and hold harmless
Flagler County its officials, employees and agents from claims and/or damages in connection
with the use of the property by the user or its members, guests or invitees.

Alcoholic Beverages:
Alcoholic beverages are not permitted on the premises except for organized functions at which
the group is private and the event is not open to the public. No alcoholic beverages may be
sold on site unless approval has been given with submission of permit from the County. If
Alcohol consumption is planned at the event, the user group must first file for a special permit
with the Parks & Recreation Department. A permit fee of $50.00 will be charged in addition to
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I acknowledge and agree as the applicant for usage of the facility noted on this permit all usage
of the facility will be in compliance with Flagler County Municipal Code Article 1.Sec. 23 and
the applicable codes of the jurisdictional municipality where the applied for facility is located.

[Signature]

Individual/Group Signature

21 July 2020

Date

For Department Use Only

Deposit Fee per field per day Total: $ ______________

Rental Fee per field per day Total: $ ______________

Date Received: ________________ Check # __________________________

Insurance Certificate needed _________________________________
ORGANIZATION PARTICIPATION

HOLD HARMLESS AGREEMENT

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Organization name: Flagler Senior Softball

Activity: Senior Softball League

Usage date(s): 14 Sep 2020 thru 18 Nov 2020

Authorized organization representative: Gary Hall

Title of representative: Commissioner

Address: 12 Pickston Ln Palm Coast Fl 32164

Phone: (H) 386-313-6479

Signed: ___________________________ Date: ____________

Approved by: ___________________________ Date: ____________

District 1 District 2 District 3 District 4 District 5
Sport Field Usage Application

Name  Gary Hall  
Address  12 Pickston Ln  Fl 32164  
City  Palm Coast  State  FL  Zip  32164  
Phone#  (386) 313-6479  Cell #  
E-mail  ghall842@yahoo.com  DL#  H400-294-42-424-0  

Name/Organization  
Flagler Senior Softball 55+  

501c Tax Exempt#  
Insurance Provider  

Fields Requested  Bunnell Fairground Fields 7,&8  

Type of Activity  Softball  

Anticipated Attendance  50  
Requested Time of Use:  
Beginning Date  09/15/2020  Ending Date  11/19/2020  
Beginning Time  9:00 am  Ending Time  12:30 pm  

Days Requested: Sunday  Tuesday  Wednesday  Thursday  Friday  Saturday  

District 1  District 2  District 3  District 4  District 5  
http://www.flaglercounty.org
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For after hours assistance, please call Frank Barbuti, (386) 931-2901

Expected maximum number of persons on site at any one time 50

Is this a fundraiser? Yes ☑ No  
Funds raised for __________________________

Are you charging a fee? Yes ☑ No

Will merchandise, food or beverages be sold at the event? Yes ☑ No  
If yes, by whom? ____________________________

Do you plan on bringing any vendors/large items into the facility? Yes ☑ No

Will alcohol be used/sold/served? Yes ☑ No

Will there be signs and banners to advertise this event? Yes ☑ No

Will there be portable toilets? (Show site plan) Yes ☑ No

Do you have any need for electric if available? Yes ☑ No

Sponsors______________________________

Public______________________________

Performers__________________________

Vendors (NOTE all vendors need business licenses)__________________________
Entertainment (Show on site plan):

Location: ________________________________

Will amplified sound equipment or live band be used? [ ] Yes [ ] No

Speaker/Microphone? [ ] Yes [ ] No

Electrical Hook-ups? [ ] Yes [ ] No

Parking Requirements (Show on site plan):

Number of total parking spaces available ______

Number of Handicapped spaces available ______

Participants Parking Location (Show on site plan)

Vendors Parking Location (Show on site plan)

Public Parking Location (Show on site plan)

Using Private Security? [ ] Yes [ ] No

If yes, name of company/contact person ________________________________

Phone number ________________________________

[ ] See attached checklist for required information that must accompany application

Deposit and Fees:

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injuries or damages arising in or on the above referenced property while being used, including the users, members, guests or invitees and user further agrees to indemnify and hold harmless Flagler County its officials, employees and agents from claims and/or damages in connection with the use of the property by the user or its members, guests or invitees.

**Alcoholic Beverages:**
Alcoholic beverages are not permitted on the premises except for organized functions at which the group is private and the event is not open to the public. No alcoholic beverages may be sold on site unless approval has been given with submission of permit from the County. If Alcohol consumption is planned at the event, the user group must first file for a special permit with the Parks & Recreation Department. A permit fee of $50.00 will be charged in addition to the user fee.
I agree to abide by the alcoholic beverage rules and I further understand that I can receive a citation for breaking this law. Ordinance #86-8.

I acknowledge and agree as the applicant for usage of the facility noted on this permit all usage of the facility will be in compliance with Flagler County Municipal Code Article 1.Sec. 23 and the applicable codes of the jurisdictional municipality where the applied for facility is located.

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**For Department Use Only**

Deposit Fee per field per day Total: $______________

Rental Fee per field per day Total: $ ________________

Date Received: ________________ Check # _______________________________

Insurance Certificate needed __________________________________________
ORGANIZATION PARTICIPATION
HOLD HARMLESS AGREEMENT

The authorized group representative on behalf of organization members agrees to protect, indemnify, defend and hold harmless Flagler County and its officials, employees and agents from any and all claims, liabilities, damages or right of action directly or indirectly arising out of the use of Flagler county facilities and equipment.

Organization name: Flagler Senior Softball

Activity: Senior Softball League

Usage date(s): 15 Sep 2020 thru 19 Nov 2020

Authorized organization representative: Gary Hall

Title of representative: Commissioner

Address: 12 Pickston Ln Palm Coast Fl 32164

Phone: (H) 386-313-6479

Signed: [Signature] Date: 21 July 2020

Approved by: [Signature] Date: 

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Sport Field Usage Application

Name: Forrest Hahn
Address: 629 Woodbridge Drive
City: Ormond Beach State: Florida Zip: 32174
Phone #: 8502124848 Cell #: 5613137638
E-mail: Coachhahn07@gmail.com DL #: H500247871800

Name/Organization: Flagler Babe Ruth Baseball
501c Tax Exempt #: 810770236
Insurance Provider: K & K

Fields Requested: T-ball, 1, 2, 3, 4 Softball fields 5 & 6
Type of Activity: Youth Baseball and softball boys and girls Ages 10000+ Through the entire season

Requested Time of Use:
Beginning Date: August 8, 2020 Ending Date: November 29, 2020
Beginning Time: 8:00 a.m. Sat/Sun 4:30 p.m. M-F Ending Time: 10:00 p.m. M-F 8:00 p.m. Sat/Sun
Days Requested: Sunday ☑ Monday ☑ Tuesday ☐ Wednesday ☐ Thursday ☑ Friday ☑ Saturday ☑

http://www.flaglercounty.org
*All organizations and customers using special equipment (electricity/generator, bounce house, etc) will be required to provide Certificate of Insurance, General Liability for $1,000,000.00 showing the following as additional insured and certificate holder:

Flagler County Board of County Commissioners
1769 E Moody Blvd
Bunnell, FL 32110

Please note that all Parks and Facilities open at 8am and close at 11:00pm. Princes Place Preserve opens 7:00am and closes at 6:00pm. Please be sure to allow set up/clean up time along with the event time.
For after hours assistance, please call Frank Barbuti, (386) 931-2901

Expected maximum number of persons on site at any one time 450

Is this a fundraiser? ☐ Yes ☑ No Funds raised for __________________________

Are you charging a fee? ☑ Yes ☐ No

Will merchandise, food or beverages be sold at the event? ☑ Yes ☐ No
If yes, by whom? Concessions

Do you plan on bringing any vendors/large items into the facility? ☐ Yes ☑ No

Will alcohol be used/sold/served? ☑ Yes ☐ No

Will there be signs and banners to advertise this event? ☑ Yes ☐ No

Will there be portable toilets? (Show site plan) ☑ Yes ☐ No

Do you have any need for electric if available? ☑ Yes ☐ No

Sponsors __________________________

Public __________________________

Performers __________________________

Vendors (NOTE all vendors need business licenses) __________________________
Entertainment (Show on site plan):

Location: Opening Day Speech by President

Will amplified sound equipment or live band be used?  Yes  ✔  No
Speaker/Microphone?  ✔  Yes  No
Electrical Hook-ups?  ✔  Yes  No

Parking Requirements (Show on site plan):
Number of total parking spaces available ________
Number of Handicapped spaces available ________

Participants Parking Location (Show on site plan)
Vendors Parking Location (Show on site plan)
Public Parking Location (Show on site plan)
Using Private Security?  ✔  Yes  No
If yes, name of company/contact person ________________________
        Phone number ________________________

[ ] See attached checklist for required information that must accompany application

Deposit and Fees:
All fees must be made payable to the Flagler County Board of County Commissioners prior to use of the facility, payments may be made by check, cash, money order or credit card. Online payments must be made by credit card only, and be paid in full at the time of the reservation. The deposit fee will be returned by mail to the user approximately forty-five (45) to sixty (60) days after the use date. The fee and security deposit will be refunded if the reservation is cancelled seven (7) days prior to the use date.

The pavilion/building should be left in the same condition as it was found on the day of use to ensure deposit refund. The security deposit will not be returned until all keys have been returned (if applicable). No key shall be duplicated. Please Do Not use bleach to clean anything, as this damages floors/surfaces. Please Do Not staple or tack anything to the facilities interior/exterior. User may not enter facility prior to use date.

**Persons renting the Community Centers or Pavilions should be aware that those are two separate facilities that can be rented by different parties. If you intend to use the exterior facilities of the Community Centers during your event, you must also rent the pavilion**

In consideration of the privilege herein granted, the user and guests will not claim any damages from Flagler County its officials, employees and agents in connection with or on account of any
injuries or damages arising in or on the above referenced property while being used, including the users, members, guests or invitees and user further agrees to indemnify and hold harmless Flagler County its officials, employees and agents from claims and/or damages in connection with the use of the property by the user or its members, guests or invitees.

Alcoholic Beverages:
Alcoholic beverages are not permitted on the premises except for organized functions at which the group is private and the event is not open to the public. No alcoholic beverages may be sold on site unless approval has been given with submission of permit from the County. If Alcohol consumption is planned at the event, the user group must first file for a special permit with the Parks & Recreation Department. A permit fee of $50.00 will be charged in addition to the user fee.
I agree to abide by the alcoholic beverage rules and I further understand that I can receive a citation for breaking this law. Ordinance #86-8.

I acknowledge and agree as the applicant for usage of the facility noted on this permit all usage of the facility will be in compliance with Flagler County Municipal Code Article 1.Sec. 23 and the applicable codes of the jurisdictional municipality where the applied for facility is located.

[Signature]
Individual/Group Signature

4/3/2020
Date

For Department Use Only

Deposit Fee per field per day Total: $ ____________

Rental Fee per field per day Total: $ ____________

Date Received: ______________ Check # ____________________________

Insurance Certificate needed __________________________________________________________________________
ORGANIZATION PARTICIPATION
HOLD HARMLESS AGREEMENT

The authorized group representative on behalf of organization members agrees to protect, indemnify, defend and hold harmless Flagler County and its officials, employees and agents from any and all claims, liabilities, damages or right of action directly or indirectly arising out of the use of Flagler county facilities and equipment.

Organization name: Flagler Babe Ruth Baseball

Activity: Youth Baseball and softball boys and girls Ages 4-19

Usage date(s): 8/8/2020 - 11/29/2020

Authorized organization representative: Forrest Hahn

Title of representative: President

Address: Po Box 1983 Bunnell, FL, 32110

Phone: (H) 850-212-4848 (W) 561-313-7638

Signed: Forrest Hahn [Signature] Date: 4/3/2020

Approved by: ___________________________ Date: ___________________________
# SPECIAL EVENTS REVIEW APPLICATION

## Administration
1769 E. Moody Blvd Bldg 2
Bunnell, FL 32110

FOR USE WHEN
COUNTY FACILITY, COUNTY SPONSORED OR CO-SPONSORED EVENT

## CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Name of Primary Contact Person:</th>
<th>David Halliday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Address:</td>
<td>5500 East HWY 100, Palm Coast, FL 32164</td>
</tr>
<tr>
<td>Primary Phone Number/email address:</td>
<td>386-913-2449 <a href="mailto:hallidayd@flaglerschools.com">hallidayd@flaglerschools.com</a></td>
</tr>
</tbody>
</table>

**Applicant Status:**
- County Facility
- Sponsor
- Co-Sponsor

<table>
<thead>
<tr>
<th>Onsite Contact’s Name:</th>
<th>David Halliday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onsite Contact’s Number:</td>
<td>386-913-2449</td>
</tr>
</tbody>
</table>

## SPECIAL EVENT DETAILS

**Name of Event/Activity:** Cross Country Meet- 9th Annual Spikes & Spurs Classic

**Is the event sponsored or co-sponsored by Flagler County?**
- Yes
- No

**Location of Event:** Flagler County Fairgrounds and Recreational Complex

**Date(s) of Event:** August 21-22, 2020

**Hours of Operation:** All day set-up on 8/21; 5:00-11:00am 8/22

**Property Owner’s Name:**

**Expected Event Maximum Occupancy:**

**Number of Persons Involved:**

**The event will include**
- Food or beverage sold
- Merchandise sold
- Prepared or cooked food
- Fireworks / Fire or Chemical Hazards
- Alcohol used/served/sold
- Amplified sound / Live band(s)
- Sign or banner advertisement
- Private Security

**Description of Event:**
Cross Country Meet around the fairgrounds.
Parking in and around the Flagler Recreational Complex.
### SPECIAL EVENTS REVIEW

#### SPECIAL EVENT CHECKLIST
(Must accompany application)

**SITE PLAN MUST SHOW THE FOLLOWING:**
LOCATION OF ALL STRUCTURES WITH RESPECT TO THE EXISTING BUILDINGS, PROPERTY LINES, ROADS AND WALKWAYS TO INCLUDE:

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<table>
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<tr>
<td>☐</td>
<td>Tents/detail description of size/state if fully or partially enclosed</td>
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<td>☐</td>
<td>Grandstands/size/capacity</td>
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<td>Vendor booths/size and description of booths</td>
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<td>Restrooms/include number of handicap available</td>
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<td>Portable toilets/number/location</td>
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<td>Signs/Banners (may require sign permit)</td>
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<td>Public parking area(s) / include handicap spaces / numbers</td>
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#### MISCELLANEOUS

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<td>Weather Trigger Point (5 miles)</td>
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<td>Stages or Tents to be Erected</td>
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<td>Yes</td>
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<tr>
<td>State or Federal License(S)</td>
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<td>Yes</td>
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<tr>
<td>Indemnifications or Liability Insurance</td>
<td>☐</td>
<td>Yes</td>
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</tbody>
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### Additional information consideration:

See Attached map

---

**Applicant Signature:** David M. Halliday

**Date:** 4/6/2020

**Co-Applicant Signature:**

**Date:**

Jan. 2020

Page 2 of 2
ORGANIZATION PARTICIPATION
HOLD HARMLESS AGREEMENT

The authorized group representative on behalf of organization members agrees to protect, indemnify, defend and hold harmless Flagler County and its officials, employees and agents from any and all claims, liabilities, damages or right of action directly or indirectly arising out of the use of Flagler county facilities and equipment.

Organization name: Flagler Palm Coast High School (Flagler County Schools)

Activity: Cross Country Meet - 9th Annual Spikes & Spurs Classic

Usage date(s): August 21-22, 2020 (finished by 11:00am)

Authorized organization representative: Dave Halliday

Title of representative: Head Coach and Meet Director

Address: 5500 East HWY 100, Palm Coast, Fl

Phone: (H) 386-931-2449 (cell) (W) 386-437-7540 x-3132

Signed: David M. Halliday
Date: 4/6/2020

Approved by: ____________________________ Date: ____________________________
CERTIFICATE OF LIABILITY INSURANCE

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
Arthur J. Gallagher Risk Management Services, Inc.
200 S. Orange Ave
Suite 1350
Orlando FL 32801

INSURED
Flagler County School District
c/o NEFEC
3841 Reid Street
Palatka FL 32177

CONTACT

NAME: Jessica Montgomery
PHONE: 
FAX: 
E-MAIL: Jessica_Montgomery@aig.com

INSURER(S) AFFORDING COVERAGE
INSURER A: Self Insured per FS788.26

COVERAGES

CERTIFICATE NUMBER: 365581862

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 DOCUMENTS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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<th>POLICY EXP (MM/DD/YYYY)</th>
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Self Insured per FL Statute 768.28. Limits per Statute.

REF: FLAGLER COUNTY SCHOOL DISTRICT's landscape students' activities at Certificate Holder's premises.

CERTIFICATE HOLDER
Flagler County BoCC County Extension Office
160 Savoygrass Road
Bunnell FL 32110
USA

CANCELLATION

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

© 1988-2015 ACORD CORPORATION. All rights reserved.
Sport Field Usage Application

Name
Flagler Youth Athletic Association-Flagler Titans

Address
2 Richfield Place

City
Palm Coast
State
Fl
Zip
32164

Phone#
(386) 627-3816
Cell #

E-mail
flagleryaa@gmail.com
DL#
B200-523-87-592-0

Name/Organization
Flagler Titans

501c Tax Exempt#
85-8016621592-c

Insurance Provider
Gagliardi Insurance

Fields
Wadsworth Park Football Field

Type of Activity
Tackle football

Anticipated Attendance
100-250

Requested Time of Use:
Beginning Date
08/03/2020
Ending Date
12/01/2020
Beginning Time
Ending Time

Days Requested: Sunday [ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ] Saturday [ ]

Charles Ericksen, Jr.
District 1
Greg Hansen
District 2
David Sullivan
District 3
Joe Mullins
District 4
Donald O’Brien, Jr.
District 5

http://www.flaglercounty.org
*All organizations and customers using special equipment (electricity/generator, bounce house, etc) will be required to provide Certificate of Insurance, General Liability for $1,000,000.00 showing the following as additional insured and certificate holder:

Flagler County Board of County Commissioners
1769 E Moody Blvd
Bunnell, FL 32110

Please note that all Parks and Facilities open at 8am and close at 11:00pm. Princes Place Preserve opens 7:00am and closes at 6:00pm. Please be sure to allow set up/clean up time along with the event time.
For after hours assistance, please call Frank Barbuto, (386) 931-2901

Expected maximum number of persons on site at any one time 300

Is this a fundraiser? ☑ Yes ☐ No Funds raised for n/a

Are you charging a fee? ☑ Yes ☐ No

Will merchandise, food or beverages be sold at the event? ☑ Yes ☐ No

If yes, by whom? Flagler Titans, Kona Ice

Do you plan on bringing any vendors/large items into the facility? ☑ Yes ☐ No

Will alcohol be used/sold/served? ☑ Yes ☐ No

Will there be signs and banners to advertise this event? ☑ Yes ☐ No

Will there be portable toilets? (Show site plan) ☑ Yes ☐ No

Do you have any need for electric if available? ☑ Yes ☐ No

Sponsors n/a

Public n/a

Performers n/a

Vendors (NOTE all vendors need business licenses) Kona Ice
Entertainment (Show on site plan):

Location: Wadsworth Park Football Field

Will amplified sound equipment or live band be used? ✔ Yes ☐ No
Speaker/Microphone? ✔ Yes ☐ No
Electrical Hook-ups? ✔ Yes ☐ No

Parking Requirements (Show on site plan):

Number of total parking spaces available________
Number of Handicapped spaces available________

Participants Parking Location (Show on site plan)
Vendors Parking Location (Show on site plan)
Public Parking Location (Show on site plan)
Using Private Security? ☐ Yes ✔ No
If yes, name of company/contact person__________________________________________
Phone number______________________________________________________________

[ ] See attached checklist for required information that must accompany application

Deposit and Fees:
All fees must be made payable to the Flagler County Board of County Commissioners prior to use of the facility, payments may be made by check, cash, money order or credit card. Online payments must be made by credit card only, and be paid in full at the time of the reservation. The deposit fee will be returned by mail to the user approximately forty-five (45) to sixty (60) days after the use date. The fee and security deposit will be refunded if the reservation is cancelled seven (7) days prior to the use date.

The pavilion/building should be left in the same condition as it was found on the day of use to ensure deposit refund. The security deposit will not be returned until all keys have been returned (if applicable). No key shall be duplicated. Please Do Not use bleach to clean anything, as this damages floors/surfaces. Please Do Not staple or tack anything to the facilities interior/exterior. User may not enter facility prior to use date.

**Persons Renting the Community Centers or Pavilions should be aware that there are two separate facilities that can be rented by different parties. If you intend to use the exterior facilities of the Community Centers during your event, you must also rent the pavilion**

In consideration of the privilege herein granted, the user and guests will not claim any damages from Flagler County its officials, employees and agents in connection with or on account of any
injuries or damages arising in or on the above referenced property while being used, including
the users, members, guests or invitees and user further agrees to indemnify and hold harmless
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Alcoholic beverages are not permitted on the premises except for organized functions at which
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I agree to abide by the alcoholic beverage rules and I further understand that I can receive a
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I acknowledge and agree as the applicant for usage of the facility noted on this permit all usage
of the facility will be in compliance with Flagler County Municipal Code Article 1.Sec. 23 and
the applicable codes of the jurisdictional municipality where the applied for facility is located.

[Signature]

Individual/Group Signature

08/14/2020

Date

---

For Department Use Only

Deposit Fee per field per day Total: $ 

Rental Fee per field per day Total: $ 

Date Received: 

Check #

Insurance Certificate needed
ORGANIZATION PARTICIPATION
HOLD HARMLESS AGREEMENT

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Organization name: Flagler Youth Athletic Association

Activity: Tackle football practice and games

Usage date(s): 8/3/20-12/1/20 practice Mon-Fri 530-9pm, Games starting Saturday 8/29/20 (7am-8pm) thru mid October

Authorized organization representative: Loren Bass

Title of representative: President

Address: 2 Richfield Place Palm Coast Fl 32164

Phone: (H) 3866273816 (W) 

Signed: Loren Bass Date: 8/14/20

Approved by: ___________________________ Date: ___________________________
Sport Field Usage Application

Name     Carisa Rhinehart
Address   34 Leave Dr
City      Palm Coast        State    FL        Zip   32137
Phone#    386 529 5364        Cell #  386 529 5364
E-mail    Carisarhinehart@gmail.com  DL#   R563-112-78-634-0
Name/Organization

FYAA Flagler Titans

501c Tax Exempt# 85-8016621592C-9

Insurance Provider

Fields Requested: Wadsworth Park - Football Field

Type of Activity: Cheerleading

Anticipated Attendance 8/1/2020-12/20/2020

Requested Time of Use:
Beginning Date 8/1/2020          Ending Date 12/20/2020
Beginning Time
Ending Time


http://www.flaglercounty.org
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Expected maximum number of persons on site at any one time _______________________

Is this a fundraiser? ☐ Yes ☑ No
Funds raised for _______________________

Are you charging a fee? ☐ Yes ☑ No

Will merchandise, food or beverages be sold at the event? ☑ Yes ☐ No

If yes, by whom? _______________________

Do you plan on bringing any vendors/large items into the facility? ☑ Yes ☐ No

Will alcohol be used/sold/served? ☑ Yes ☐ No

Will there be signs and banners to advertise this event? ☑ Yes ☐ No

Will there be portable toilets? (Show site plan) ☑ Yes ☐ No

Do you have any need for electric if available? ☐ Yes ☑ No

Sponsors _______________________

Public _______________________

Performers _______________________

Vendors (NOTE all vendors need business licenses) _______________________

Football games
Entertainment (Show on site plan):

Location: __________________________
Will amplified sound equipment or live band be used? Yes [X] No
Speaker/Microphone? Yes [ ] No
Electrical Hook-ups? Yes [X] No

Parking Requirements (Show on site plan):
Number of total parking spaces available _________
Number of Handicapped spaces available _________

Participants Parking Location (Show on site plan)
Vendors Parking Location (Show on site plan)
Public Parking Location (Show on site plan)
Using Private Security? Yes [ ] No [X]
If yes, name of company/contact person __________________________
Phone number __________________________

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__________________________
Individual/Group Signature

__________________________
Date

For Department Use Only

Deposit Fee per field per day Total: $ ____________

Rental Fee per field per day Total: $ ____________

Date Received: ______________ Check # __________________

Insurance Certificate needed ____________________________
ORGANIZATION PARTICIPATION
HOLD HARMLESS AGREEMENT

The authorized group representative on behalf of organization members agrees to protect, indemnify, defend and hold harmless Flagler County and its officials, employees and agents from any and all claims, liabilities, damages or right of action directly or indirectly arising out of the use of Flagler county facilities and equipment.

Organization name: FYAA Flagler Titans

Activity: Cheerleading

Usage date(s): 9/1/2020 - 12/20/2020

Authorized organization representative: Carisa Rhinehart

Title of representative: Cheer Coordinator

Address: 34 Leaver Dr. Palm Coast, FL 32137

Phone: (H) 386 569 3864 (W) 386 569 5364

Signed: ___________________________ Date: 9/11/2020

Approved by: ___________________________ Date: ___________________________
Consumer's Certificate of Exemption
Issued Pursuant to Chapter 212, Florida Statutes

85-8016621592C-9
01/31/2020
01/31/2025
501(C)(3) ORGANIZATION

Certificate Number
Effective Date
Expiration Date
Exemption Category

This certifies that

FLAGLER YOUTH ATHLETIC ASSOCIATION INC
9 LINCOLN PL
PALM COAST FL 32137-9554

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

Important Information for Exempt Organizations

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).

2. Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.

3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.

4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).

5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.

6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.
# Certificate of Liability Insurance

**Producer:**
Gagliardi Insurance Services, Inc
950 S Bascom Ave, Suite 3010
San Jose, CA 95128

**Insured:**
Flagler Youth Athletic Association
po box 350144
Palm Coast, FL 32135

**Contact:**
NAME: [Redacted]
PHONE: 408-414-8100
FAX: 408-414-8199
E-MAIL: sales@gsportinsurance.com

**Insurers Affording Coverage:**
- Insurer A: State National Insurance Company, NAIC # 12831
- Insurer B: National Specialty Insurance Company, NAIC # 22608

## Coverages

<table>
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<tr>
<th>INSURER</th>
<th>COVERAGES</th>
<th>CERTIFICATE NUMBER:</th>
<th>REVISION NUMBER:</th>
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<tr>
<td>A</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
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<td>A</td>
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<tr>
<td>B</td>
<td>Accident Medical</td>
<td>GFAH100055</td>
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</table>

### Limits
- EACH OCCURRENCE: $1,000,000
- DAMAGE TO RENTED PREMISES (EA occurrence): $300,000
- MED EXP (Any one person): $5,000
- PERSONAL & ADV INJURY: $1,000,000
- GENERAL AGGREGATE: $5,000,000
- PRODUCTS - COMPOP AGG: $2,000,000
- Sexual Abuse & Moles: $1,000,000
- COMBINED SINGLE LIMIT (EA accident): $1,000,000
- BODILY INJURY (Per person): $|
- BODILY INJURY (Per accident): $|
- PROPERTY DAMAGE (Per accident): $|
- EACH OCCURRENCE: $|
- AGGREGATE: $|

### Description of Operations / Locations / Vehicles (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate holder is included as an additional insured, but only with respect to the liability arising out of the negligence of the named insured. All policy terms and conditions apply.

## Certificate Holder

Pop Warner Little Scholars, Inc.
586 Middletown Boulevard, Suite C-100
Langhorne, PA 19047

## Cancellation

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:**

[Signature]

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**ACORD 25 (2016/03)**

The ACORD name and logo are registered marks of ACORD.
FACILITIES USAGE
APPLICATION

Name of Activity/Event: Trail building & maintenance

Primary Contact Name: Graham Swamp Trail Crew (Carrie Meng)

Phone #: 352-514-1283

Address: 75 Utah Place

City: Palm Coast  State: FL  Zip: 32164

Email Address: carrie@elevateeventcompany.com

Secondary Contact Name: Mickey Garrett  Phone #: 386-338-4522

Email Address: mickgarrett68@yahoo.com

Park Reserved: Graham Swamp Preserve Mountain Bike Trail & Hiking Trail

Beginning Date: Jan 8, 2020  Ending Date: Jan 7, 2021

Beginning Time:  Ending Time:

Please note that all Parks and Facilities open at 8am and close at 11:00pm. Princes Place Preserve opens 7:00am and closes at 6:00pm. Please be sure to allow set up/clean up time along with the event time.

http://www.flaglercounty.org
Expected maximum number of persons on site at any one time 50

Is this a fundraiser? ☑ Yes ☐ No  
Funds raised for Graham Swamp Trail Crew

Are you charging a fee? ☐ Yes ☑ No

Will merchandise, food or beverages be sold at the event? ☑ Yes ☐ No
If yes, by whom? Taco Court Daytona

Do you plan on bringing any vendors/large items into the facility? ☑ Yes ☐ No

Will alcohol be used/sold/served? ☐ Yes ☑ No

Will there be signs and banners to advertise this event? ☐ Yes ☑ No

Do you have any need for electric if available? ☐ Yes ☑ No
If yes, what will it be used for?

Will amplified sound equipment or live band be used? ☐ Yes ☑ No
Speaker/Microphone? ☑ Yes ☑ No
Electrical Hook-ups? ☑ Yes ☑ No

*All organizations and customers using special equipment (electricity/generator, bounce house, etc) will be required to provide Certificate of Insurance, General Liability for $1,000,000.00 showing the following as additional insured and certificate holder: Flagler County Board of County Commissioners 1769 E Moody Blvd Bunnell, FL 32110

[ ] See attached checklist for required information that must accompany application
Deposit and Fees:
All fees must be made payable to the Flagler County Board of County Commissioners prior to use of the facility, payments may be made by check, cash, money order or credit card. Online payments must be made by credit card only, and be paid in full at the time of the reservation. The deposit fee will be returned by mail to the user approximately forty-five (45) to sixty (60) days after the use date. The fee and security deposit will be refunded if the reservation is cancelled seven (7) days prior to the use date.

The pavilion/building should be left in the same condition as it was found on the day of use to ensure deposit refund. The security deposit will not be returned until all keys have been returned (if applicable). No key shall be duplicated. Please Do Not use bleach to clean anything, as this damages floors/surfaces. Please Do Not staple or tack anything to the facilities interior/exterior. User may not enter facility prior to use date.

**Persons renting the Community Centers or Pavilions should be aware that those are two separate facilities that can be rented by different parties. If you intend to use the exterior facilities of the Community Centers during your event, you must also rent the pavilion**

In consideration of the privilege herein granted, the user and guests will not claim any damages from Flagler County its officials, employees and agents in connection with or on account of any injuries or damages arising in or on the above referenced property while being used, including the users, members, guests or invitees and user further agrees to indemnify and hold harmless Flagler County its officials, employees and agents from claims and/or damages in connection with the use of the property by the user or its members, guests or invitees.

Alcoholic Beverages:
Alcoholic beverages are not permitted on the premises except for organized functions at which the group is private and the event is not open to the public. No alcoholic beverages may be sold on site unless approval has been given with submission of permit from the County. If Alcohol consumption is planned at the event, the user group must first file for a special permit with the Parks & Recreation Department. A permit fee of $50.00 will be charged in addition to the user fee.
I agree to abide by the alcoholic beverage rules and I further understand that I can receive a citation for breaking this law. Ordinance #86-8.

I acknowledge and agree as the applicant for usage of the facility noted on this permit all usage of the facility will be in compliance with Flagler County Municipal Code Article 1.Sec. 23 and the applicable codes of the jurisdictional municipality where the applied for facility is located.

Carrie Mung
Individual/Group Signature

7/20/2020
Date
Certificate Of Completion

Envelop Id: 070E42E86AF54659A20D5BD89CF653B6
Subject: Park and Facility Application (Fillable).pdf
Status: Completed
Source Envelope:
Document Pages: 3
Certificate Pages: 1
AutoNav: Enabled
Envelope Stamping: Disabled
Time Zone: (UTC-08:00) Pacific Time (US & Canada)
Signatures: 1
Initials: 0
Envelope Originator:
Carrie Meng
carrie@elevateeventcompany.com
IP Address: 64.207.219.7

Record Tracking
Status: Original
7/20/2020 7:18:29 AM
Holder: Carrie Meng
carrie@elevateeventcompany.com
Location: DocuSign

Signer Events
Signature
Carrie Meng
carrie@elevateeventcompany.com
Carrie Meng
Security Level: Email, Account Authentication (None)
Signature Adoption: Pre-selected Style
Using IP Address: 68.205.54.214
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Sent: 7/20/2020 7:18:30 AM
Viewed: 7/20/2020 7:18:40 AM
Signed: 7/20/2020 7:22:51 AM
Freeform Signing

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events
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Editor Delivery Events
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Agent Delivery Events
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Intermediary Delivery Events
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Timestamp

Certified Delivery Events
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Carbon Copy Events
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Witness Events
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Timestamp

Notary Events
Signature
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Envelope Summary Events
Status
Timestamps
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Signing Complete
Security Checked 7/20/2020 7:22:51 AM
Completed
Security Checked 7/20/2020 7:22:51 AM

Payment Events
Status
Timestamps
ORGANIZATION PARTICIPATION
HOLD HARMLESS AGREEMENT

The authorized group representative on behalf of organization members agrees to protect, indemnify, defend and hold harmless Flagler County and its officials, employees and agents from any and all claims, liabilities, damages or right of action directly or indirectly arising out of the use of Flagler county facilities and equipment.

Organization name: Graham Swamp Trail Crew

Activity: Trail building & maintenance of Graham Swamp Mountain Bike Trail

Usage date(s): Ongoing

Authorized organization representative: Mickey Garrett (president) Carrie Meng (secretary)

Title of representative: President & Secretary

Address: 75 Utah Place, Palm Coast, FL 32164

Phone: (H) 352-514-1283 (W)

Signed: Carrie Meng Date: 7/20/2020

Approved by: Date:

<table>
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Document Pages: 1 Signatures: 1
Certificate Pages: 1 Initials: 0
AutoNav: Enabled
Envelope Stamping: Disabled
Time Zone: (UTC-08:00) Pacific Time (US & Canada)
Status: Completed
Envelope Originator:
Carrie Meng
carrie@elevateeventcompany.com
IP Address: 64.207.219.73

Record Tracking
Status: Original
7/20/2020 7:03:14 AM
Holder: Carrie Meng
carrie@elevateeventcompany.com
Location: DocuSign

Signer Events
Signature
Timestamp
Carrie Meng
carrie@elevateeventcompany.com
Sent: 7/20/2020 7:03:15 AM
Viewed: 7/20/2020 7:03:28 AM
Signed: 7/20/2020 7:05:42 AM
Freeform Signing

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events
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Carbon Copy Events
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Witness Events
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Notary Events
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Envelope Summary Events
Status
Timestamps
Envelope Sent
Hashed/Encrypted
7/20/2020 7:03:15 AM
Certified Delivered
Security Checked
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Signing Complete
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Payment Events
Status
Timestamps
### Certificate Of Completion

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**Subject:** Fee Waiver Application (Fillable).pdf  
**Status:** Completed

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  - **Signatures:** 0  
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**Envelope Originator:** Carrie Meng  
**Email:** carrie@elevateeventcompany.com  
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**AutoNav:** Enabled  
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**Time Zone:** (UTC-08:00) Pacific Time (US & Canada)

### Record Tracking

**Status:** Original  
**Holder:** Carrie Meng  
**Email:** carrie@elevateeventcompany.com  
**Location:** DocuSign

**Signer Events**  
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- **Holder:** Carrie Meng  
  - **Email:** carrie@elevateeventcompany.com  
  - **Security Level:** Email, Account Authentication (None)

**Electronic Record and Signature Disclosure:** Not Offered via DocuSign

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- **Viewed:** 7/20/2020 7:14:35 AM  
- **Signed:** 7/20/2020 7:18:00 AM  
- **Freeform Signing**

### In Person Signer Events

- **Signature**
- **Timestamp**

### Editor Delivery Events

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### Agent Delivery Events

- **Status**
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### Intermediary Delivery Events

- **Status**
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### Certified Delivery Events

- **Status**
- **Timestamp**

### Carbon Copy Events

- **Status**
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### Witness Events

- **Signature**
- **Timestamp**

### Notary Events

- **Signature**
- **Timestamp**

### Envelope Summary Events

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  - **Security Checked:** 7/20/2020 7:14:35 AM  
  - **Security Checked:** 7/20/2020 7:18:00 AM

### Payment Events

- **Status**
- **Timestamps**
CERTIFICATE OF LIABILITY INSURANCE

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
Herbie Wiles Insurance Inc.
400 N Ponce de Leon Blvd.
St Augustine FL 32084-3067

CONTACT NAME Operations Center
PHONE (904) 829-2201 FAX (904) 829-2020
E-MAIL ADDRESS:

INSURED
Graham Swamp Trail Care Crew Inc
75 UTAH PL
PALM COAST FL 32164-5963

INSURER A: Southern Owners Insurance
NAIC #: 10190

INFLUENCES AFFORDING COVERAGE
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGE:

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.

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WORKERS COMPENSATION

AND EMPLOYERS’ LIABILITY

ANY PROPRIETOR/OWNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

(Yes/No/NA)

IF YES, DESCRIBE UNDER DESCRIPTION OF OPERATIONS BELOW

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

Certificateholder is listed as additional insureds with regards to General Liability.

CERTIFICATE HOLDER

Flagler County Board of County Commissioners
1769 E. Moody Blvd, Bldg #2
Bunnell FL 32110

CANCELLATION

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

© 1988-2015 ACORD CORPORATION. All rights reserved.
Detail by Entity Name
Florida Not For Profit Corporation
GRAHAM SWAMP TRAIL CREW, INC.

Filing Information
Document Number: N12000010849
FEI/EIN Number: 46-4912386
Date Filed: 11/15/2012
Effective Date: 01/01/2013
State: FL
Status: ACTIVE
Last Event: AMENDMENT
Event Date Filed: 04/28/2014
Event Effective Date: NONE

Principal Address
75 Utah Place
Palm Coast, FL 32164

Changed: 03/04/2019

Mailing Address
75 Utah Place
Palm Coast, FL 32164

Changed: 03/04/2019

Registered Agent Name & Address
MCKINNON, JR., NOAH CESQ.
595 W. GRANADA BLVD., SUITE A
ORMOND BEACH, FL 32174

Officer/Director Detail
Name & Address

Title P

GARRETT, MICKEY
704 E River Oak Dr
Ormond Beach, FL 32174

Title V
Diamond, Doug  
172 Woodhaven Circle E  
Ormond Beach, FL 32174

Title Treasurer

Meng, Carrie  
75 Utah Place  
Palm Coast, FL 32164

Title Secretary

Meng, Carrie  
75 Utah Place  
Palm Coast, FL 32164

Title Project Leader

Diamond, Cory  
172 Woodland Circle E  
Ormond Beach, FL 32174

Title Project Leader

Jeffrey, McNaughton  
24 Beckner Lane  
Palm Coast, FL 32137

Title Project Leader

Rose, Pete  
75 Utah Place  
Palm Coast, FL 32164

Annual Reports

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Document Images

- 03/16/2020 -- ANNUAL REPORT  
- 03/04/2019 -- ANNUAL REPORT  
- 03/07/2018 -- ANNUAL REPORT  
- 02/08/2017 -- ANNUAL REPORT  
- 01/21/2016 -- ANNUAL REPORT  
- 02/23/2015 -- ANNUAL REPORT  
- 04/28/2014 -- Amendment   
- 04/02/2014 -- ANNUAL REPORT  
- 11/16/2012 -- Domestic Non-Profit
FACILITIES USAGE APPLICATION

Name of Activity/Event: Horseshoe Tournament

Sponsoring Organization Name (Applicant): Flagler County Horseshoe Club

Address: 4316 Buttner Ave

City: Bunnell State: FL Zip: 32110

Primary Contact Name: Al Meyer Phone #: 386-586-3501

Email Address: meyerac@bfl.com

On-site Contact Name: Al Meyer Phone #: 386-783-0661

Email Address: Same as above

On-site Contact Name: Phone #

Email Address:


Park Reserved: Old Dixie Community Park

Description of Event: Flagler/Bunnell Open Horseshoe Tournament

Beginning Date: 09/19/2020 Ending Date: 09/19/2020

Beginning Time: 7:00 AM Ending Time: 6:00 PM

Expected maximum number of persons on site at any one time 75

Is this a fundraiser? Yes No
Funds raised for

Are you charging a fee? Yes No

Will merchandise, food or beverages be sold at the event? Yes No
If yes, by whom?

Do you plan on bringing any vendors/large items into the facility? Yes No

Will alcohol be used/sold/served? Yes No

Will there be signs and banners to advertise this event? Yes No

Will there be portable toilets? (Show site plan) Yes No

Do you have any need for electric if available? Yes No

Sponsors Flagler County Horseshoe Pitching Club

Public Welcome (Free)

Performers

Vendors (NOTE all vendors need business licenses) N/A

*All organizations and customers using special equipment (electricity/generator, bounce house, etc) will be required to provide Certificate of Insurance, General Liability for $1,000,000.00 showing the following as additional insured and certificate holder:
Flagler County Board of County Commissioners
1769 E Moody Blvd
Bunnell, FL 32110
ORGANIZATION PARTICIPATION
HOLD HARMLESS AGREEMENT

The authorized group representative on behalf of organization members agrees to protect, indemnify, defend and hold harmless Flagler County and its officials, employees and agents from any and all claims, liabilities, damages or right of action directly or indirectly arising out of the use of Flagler county facilities and equipment.

Organization name: Flagler County Horseshoe Pitching Club

Activity: Horseshoe Tournament

Usage date(s): 09/19/2020

Authorized organization representative: AL Meyer

Title of representative: Club VP + Tournament Director

Address: 4316 Burrennow Ave, Bunnell FL 32110

Phone: (H) 386-586-2501 (W)

Signed: AL Meyer Date:

Approved by: Date:
Entertainment (Show on site plan):
Location: Old Dixie Community Park
Will amplified sound equipment or live band be used? Yes ☑️ No ☐️
Speaker/Microphone? Yes ☑️ No ☐️
Electrical Hook-ups? Yes ☑️ No ☐️

Parking Requirements (Show on site plan):
Number of total parking spaces available: 100*
Number of Handicapped spaces available: 2*

Participants Parking Location (Show on site plan)
Vendors Parking Location (Show on site plan)
Public Parking Location (Show on site plan)
Using Private Security? Yes ☑️ No ☐️
If yes, name of company/contact person: ____________________________
Phone number: ____________________________

[ ] See attached checklist for required information that must accompany application

Deposit and Fees:
All fees must be made payable to the Flagler County Board of County Commissioners prior to use of the facility, payments may be made by check, cash, money order or credit card. Online payments must be made by credit card only, and be paid in full at the time of the reservation. The deposit fee will be returned by mail to the user approximately forty-five (45) to sixty (60) days after the use date. The fee and security deposit will be refunded if the reservation is cancelled seven (7) days prior to the use date.

The pavilion/ building should be left in the same condition as it was found on the day of use to ensure deposit refund. The security deposit will not be returned until all keys have been returned (if applicable). No key shall be duplicated. Please Do Not use bleach to clean anything, as this damages floors/surfaces. Please Do Not staple or tack anything to the facilities interior/exterior. User may not enter facility prior to use date.

**Persons renting the Community Centers or Pavilions should be aware that those are two separate facilities that can be rented by different parties. If you intend to use the exterior facilities of the Community Centers during your event, you must also rent the pavilion**
# Certificate of Liability Insurance

**CERTIFICATE OF LIABILITY INSURANCE**

**DATE (MM/DD/YYYY)**: 01/22/2020

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFOURS 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**
American Specialty Insurance & Risk Services, Inc.
7609 W. Jefferson Blvd., Suite 100
Fort Wayne IN 46804

**INSURED**
National Horseshoe Pitchers Association
P.O. Box 205
Drexel MO 64742

**CONTACT**
NAME: 
PHONE (A/C No., Ext): 
E-MAIL ADDRESS:
FAX (A/C No.):

**INSURER(S) AFFORDING COVERAGE**
INSURER A: Arch Insurance Company
NAIC # 11150

**COVERAGES**
**CERTIFICATE NUMBER:** 1001728549

**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.**

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<tr>
<th>INSR UTE</th>
<th>TYPE OF INSURANCE</th>
<th>ADDL SUBR INSD</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY EXP (MM/DD/YYYY)</th>
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<td>GEN. AGG. LIMIT APPLIES PER:</td>
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| A        | AUTOMOBILE LIABILITY |                  |                        |                       |                       |       |
|         | ANY AUTO |                |                       |                       |                       |       |
|         | OWNED AUTOS ONLY |                | SCHEDULED AUTO |                |                       |       |
|         | HIRED AUTOS ONLY |                | NON OWNED AUTO |                |                       |       |
|         | PER OCCUR |                |                       |                       |                       |       |

| A        | UMBRELLA LIABILITY |                  | SBFXS0057102 | 12/31/2019 | 12/31/2020 | $1,000,000 |
| A        | EXCESS LIAB |                |               |                        |                        |       |
|         | OCCUR |                |               |                        |                        |       |
|         | CLAIMS-MADE |                |               |                        |                        |       |

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

- Coverage applies to the following: FLAGLER COUNTY HORSESHOE PITCHING CLUB/FLORIDA CHARTER.

- The Certificate Holder shall be an Additional Insured, but only with respect to the operations of the Named Insured, and subject to the provisions and limitations of Form 00 SGL0029 00 Additional Insured - Designated Person or Organization Written Contract or Written Agreement, but only with respect to NHPA SANCTIONED EVENTS/TOURNAMENTS, EFFECTIVE JANUARY 20, 2020.

**CERTIFICATE HOLDER**
FLAGLER COUNTY BOARD OF COUNTY COMMISSIONERS
1769 E MOODY BLVD
BUNNELL FL 32110

**CANCELLATION**

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**

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD
<table>
<thead>
<tr>
<th>AGENCY</th>
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<td>American Specialty Insurance &amp; Risk Services, Inc.</td>
<td>National Horseshoe Pitchers Association</td>
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<td>11150</td>
<td>12/31/2019</td>
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**ADDITIONAL REMARKS**

- Named Insured (continued): National Horseshoe Pitchers Foundation; National Horseshoe Pitchers Association (NHPA) Member Charters, Leagues and Teams but only with respect to NHPA sanctioned events.
To: Flagler County Parks and Recreation

From: Flagler County Horseshoe Pitching Club

Subj: Covid-19 Protocol for Horseshoe Tournaments

For our up coming Tournament Season, which starts the 19th of Sept till April, our proposal for adhering to Social Distancing Guide lines is as follows:

Everyone wears a mask except ones actively pitching. (when pitching the players have plenty of room to maintain 6’ apart)

Spectators in groups no more that 6 persons.

Groups maintain 10’ apart

Masks will be available for those that don’t have their own.

Hand sanitizer will be placed in several locations.

Canned beverages and bottled water will be available.

No food will be served.

Respectfully,

Al Meyer VP Tournament Director

meyerae@aol.com

H(386)586-2501 C(386)-793-0661
FACILITIES USAGE APPLICATION

Name of Activity/Event: Horseshoe Tournament

Sponsoring Organization Name (Applicant): Flagler County Horseshoe Pitching Club

Address: 1316 Button Ave, Bunnell

City: Bunnell  State: FL  Zip: 32110

Primary Contact Name: AL Meyer  Phone #: 386-586-2501

Email Address: meyeramc @ hot.com

On-site Contact Name: AL Meyer  Phone #: 386-793-0661

Email Address: As Above

On-site Contact Name: AL Meyer  Phone #: 386-793-0661

Email Address: As Above

501c Tax Exempt#: N/A  Insurance Provider: American Specialty Insurance Co.

Park Reserved: Old Dixie Community Park

Description of Event: Flagler/Palm Coast Open

Beginning Date: 10/23/2020  Ending Date: 10/23/2020

Beginning Time: 7:00 AM  Ending Time: 6:00 PM

Expected maximum number of persons on site at any one time: 75

Is this a fundraiser? Yes ☑ No

Funds raised for: ______________________

Are you charging a fee? Yes ☑ No

Will merchandise, food or beverages be sold at the event? Yes ☑ No

If yes, by whom? ______________________

Do you plan on bringing any vendors/large items into the facility? Yes ☑ No

Will alcohol be used/sold/served? Yes ☑ No

Will there be signs and banners to advertise this event? Yes ☑ No

Will there be portable toilets? (Show site plan) Yes ☑ No

Do you have any need for electric if available? Yes ☑ No

Sponsors: Flagler County Horseshoe Pitching Club

Public: Welcome (Free)

Performers: Structured Horseshoe Pitchers

Vendors (NOTE all vendors need business licenses): Y/N

*All organizations and customers using special equipment (electricity/generator, bounce house, etc) will be required to provide Certificate of Insurance, General Liability for $1,000,000.00 showing the following as additional insured and certificate holder:
Flagler County Board of County Commissioners
1769 E Moody Blvd
Bunnell, FL 32110

Please note that all Parks and Facilities open at 8am and close at 11:00pm. Princes Place Preserve opens 7:00am and closes at 6:00pm. Please be sure to allow set up/clean up time along with the event time.
ORGANIZATION PARTICIPATION
HOLD HARMLESS AGREEMENT
The authorized group representative on behalf of organization members agrees
to protect, indemnify, defend and hold harmless Flagler County and its officials,
employees and agents from any and all claims, liabilities, damages or right of
action directly or indirectly arising out of the use of Flagler county facilities and
equipment.

Organization name: Flagler County Horseshoe Pitching Club

Activity: Horseshoe Tournament

Usage date(s): 10/23/2020

Authorized organization representative: AL Meyer

Title of representative: Club VP / Tournament Director

Address: 4316 Butterman Ave, Bunnell FL 32110

Phone: (H) 386-542-2501 (W) 386-793-0661

Signed: AL Meyer Date:

Approved by: Date:
Entertainment (Show on site plan):

Location: Old Dixie Community Park
Will amplified sound equipment or live band be used? Yes ___ No ___
Speaker/Microphone? Yes ___ No ___
Electrical Hook-ups? Yes ___ No ___

Parking Requirements (Show on site plan):
Number of total parking spaces available: 1000 +
Number of Handicapped spaces available: 2

Participants Parking Location (Show on site plan)
Vendors Parking Location (Show on site plan)
Public Parking Location (Show on site plan)
Using Private Security? Yes ___ No ___
If yes, name of company/contact person ___________________________
Phone number ___________________________

[ ] See attached checklist for required information that must accompany application

Deposit and Fees:
All fees must be made payable to the Flagler County Board of County Commissioners prior to use of the facility, payments may be made by check, cash, money order or credit card. Online payments must be made by credit card only, and be paid in full at the time of the reservation. The deposit fee will be returned by mail to the user approximately forty-five (45) to sixty (60) days after the use date. The fee and security deposit will be refunded if the reservation is cancelled seven (7) days prior to the use date.

The pavilion/building should be left in the same condition as it was found on the day of use to ensure deposit refund. The security deposit will not be returned until all keys have been returned (if applicable). No key shall be duplicated. Please Do Not use bleach to clean anything, as this damages floors/surfaces. Please Do Not staple or tack anything to the facilities interior/ exterior. User may not enter facility prior to use date.

**Persons renting the Community Centers or Pavilions should be aware that there are two separate facilities that can be rented by different parties. If you intend to use the exterior facilities of the Community Centers during your event, you must also rent the pavilion**

In consideration of the privilege herein granted, the user and guests will not claim any damages from Flagler County its officials, employees and agents in connection with or on account of any injuries or damages arising in or on the above referenced property while being used, including
To: Flagler County Parks and Recreation

From: Flagler County Horseshoe Pitching Club

Subj: Covid-19 Protocol for Horseshoe Tournaments

For our up coming Tournament Season, which starts the 19th of Sept till April, our proposal for adhering to Social Distancing Guide lines is as follows:

Everyone wears a mask except ones actively pitching. ( when pitching the players have plenty of room to maintain 6’ apart)

Spectators in groups no mor that 6 persons.

Groups maintain 10’ apart

Masks will be available for those that don’t have their own.

Hand sanitizer will be placed in several locations.

Canned beverages and bottled water will be available.

No food will be served.

Respectively

AI Meyer VP Tournament Director

meyerae@aol.com

H(386)586-2501  C(386)-793-0661
# Certificate of Liability Insurance

**Producers:**
American Specialty Insurance & Risk Services, Inc.
7609 W. Jefferson Blvd., Suite 100
Fort Wayne, IN 46804

**Insured:**
National Horseshoe Pitchers Association
P.O. Box 205
Drexel, MO 64742

**Certificate Number:** 1001728549

**Dates:**
- **Date of Certificate:** 01/22/2020
- **Expiry Date:** 12/31/2020

### Coverages

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<th>ADDL/Subr INSD.</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF</th>
<th>POLICY EXP</th>
<th>LIMITS</th>
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<td>12/31/2020</td>
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<td>E.L. DISEASE - POLICY LIMIT</td>
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</tbody>
</table>

### Description of Operations / Locations / Vehicles
- Coverage applies to the following: Flagler County Horseshoe Pitching Club/Florida Charter.
- The Certificate Holder shall be an Additional Insured, but only with respect to the operations of the Named Insured, and subject to the provisions and limitations of Form 00 SGL0029 00 Additional Insured - Designated Person or Organization Written Contract or Written Agreement, but only with respect to NHPA SANCTIONED EVENTS/TOURNAMENTS, EFFECTIVE JANUARY 20, 2020.

### Certificate Holder
Flagler County Board of County Commissions
1769 E Moody Blvd
Bunnell, FL 32110

### Cancellation
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

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## ADDITIONAL REMARKS SCHEDULE

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>NAMED INSURED</th>
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<td>CARRIER</td>
<td>Drexel, MO 64742</td>
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<td>Arch Insurance Company</td>
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<td>NAIC CODE</td>
<td>11150</td>
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<tr>
<td>EFFECTIVE DATE:</td>
<td>12/31/2019</td>
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### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

**FORM NUMBER:** ACORD 25  **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE - Certificate #1001728549

- Named Insured (continued): National Horseshoe Pitchers Foundation; National Horseshoe Pitchers Association (NHPA) Member Charters, Leagues and Teams but only with respect to NHPA sanctioned events
FACILITIES USAGE APPLICATION

Name of Activity/Event: Horseshoe Tournament

Sponsoring Organization Name (Applicant): Flagler County Horseshoe Club

Address: 1366 Brittewm Ave.

City: Bunnell State: FL Zip: 32110

Primary Contact Name: AL Meyer Phone #: 386-586-2581

Email Address: meyere@AOL.com

On-site Contact Name: AL Meyer Phone #: 386-793-0061

Email Address:

On-site Contact Name:

Email Address:

(On File)

501c Tax Exempt#:


Park Reserved: Old Dixie Community Park

Description of Event: FL/GA Team Trophy Horseshoe Tournament

Beginning Date: 10/24/2020 Ending Date: 10/24/2020

Beginning Time: 7:00 AM Ending Time: 6:00 PM

Expected maximum number of persons on site at any one time \( \text{50-75} \)

Is this a fundraiser? \( \text{Yes} \) \( \checkmark \) \( \text{No} \)
Funds raised for ______________________

Are you charging a fee? \( \text{Yes} \) \( \checkmark \) \( \text{No} \)

Will merchandise, food or beverages be sold at the event? \( \text{Yes} \) \( \checkmark \) \( \text{No} \)

If yes, by whom? ______________________

Do you plan on bringing any vendors/large items into the facility? \( \text{Yes} \) \( \checkmark \) \( \text{No} \)

Will alcohol be used/sold/served? \( \text{Yes} \) \( \checkmark \) \( \text{No} \)

Will there be signs and banners to advertise this event? \( \text{Yes} \) \( \checkmark \) \( \text{No} \)

Will there be portable toilets? (Show site plan) \( \text{Yes} \) \( \checkmark \) \( \text{No} \)

Do you have any need for electric if available? \( \text{Yes} \) \( \checkmark \) \( \text{No} \)

Sponsors Flagler County Horseshoe Pitching Club

Public Welcome (Free)

Performers ______________________

Vendors (NOTE all vendors need business licenses) \( \text{N/A} \)

*All organizations and customers using special equipment (electricity/generator, bounce house, etc) will be required to provide Certificate of Insurance, General Liability for $1,000,000.00 showing the following as additional insured and certificate holder:
Flagler County Board of County Commissioners
1769 E Moody Blvd
Bunnell, FL 32110
ORGANIZATION PARTICIPATION HOLD HARMLESS AGREEMENT

The authorized group representative on behalf of organization members agrees to protect, indemnify, defend and hold harmless Flagler County and its officials, employees and agents from any and all claims, liabilities, damages or right of action directly or indirectly arising out of the use of Flagler County facilities and equipment.

Organization name: Flagler County Horseshoe Pitching Club

Activity: Horseshoe Tournament

Usage date(s): 10/24/2020

Authorized organization representative: AL Meyer

Title of representative: Club VP & Tournament Director

Address: 4316 Butternut Ave, Bunnell FL 32110

Phone: (H) 386-576-2501 (W)

Signed: AL Meyer

Date:

Approved by: _____________________________ Date: _____________________________
Entertainment (Show on site plan):

Location: Old Dixie Community Park
Will amplified sound equipment or live band be used? Yes No
Speaker/Microphone? Yes No
Electrical Hook-ups? Yes No

Parking Requirements (Show on site plan):
Number of total parking spaces available 100+
Number of Handicapped spaces available 2

Participants Parking Location (Show on site plan)
Vendors Parking Location (Show on site plan)
Public Parking Location (Show on site plan)
Using Private Security? Yes No
If yes, name of company/contact person
Phone number

[ ] See attached checklist for required information that must accompany application

Deposit and Fees:
All fees must be made payable to the Flagler County Board of County Commissioners prior to use of the facility, payments may be made by check, cash, money order or credit card. Online payments must be made by credit card only, and be paid in full at the time of the reservation. The deposit fee will be returned by mail to the user approximately forty-five (45) to sixty (60) days after the use date. The fee and security deposit will be refunded if the reservation is cancelled seven (7) days prior to the use date.

The pavilion/building should be left in the same condition as it was found on the day of use to ensure deposit refund. The security deposit will not be returned until all keys have been returned (if applicable). No key shall be duplicated. Please Do Not use bleach to clean anything, as this damages floors/surfaces. Please Do Not staple or tack anything to the facilities interior/ exterior. User may not enter facility prior to use date.

**Persons renting the Community Centers or Pavilions should be aware that those are two separate facilities that can be rented by different parties. If you intend to use the exterior facilities of the Community Centers during your event, you must also rent the pavilion**
To: Flagler County Parks and Recreation  
From: Flagler County Horseshoe Pitching Club  
Subj: Covid-19 Protocol for Horseshoe Tournaments

For our up coming Tournament Season, which starts the 19th of Sept till April, our proposal for adhering to Social Distancing Guide lines is as follows:

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Groups maintain 10’ apart

Masks will be available for those that don’t have their own.

Hand sanitizer will be placed in several locations.

Canned beverages and bottled water will be available.

No food will be served.

Respectively,

Al Meyer VP / Tournament Director

meyerae@aol.com

H(386)586-2501  C(386)-793-0661
# Certificate of Liability Insurance

**Producer:**
American Specialty Insurance & Risk Services, Inc.
7609 W. Jefferson Blvd., Suite 100
Fort Wayne, IN 46804

**Insured:**
National Horseshoe Pitchers Association
P.O. Box 205
Drexel, MO 64742

**Certificate Number:** 1001728549

**Date (MM/DD/YYYY):** 01/22/2020

**Certificate holder**

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<tr>
<th>Producer</th>
<th>Name</th>
<th>Contact Information</th>
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<tr>
<td>American Specialty Insurance &amp; Risk Services, Inc.</td>
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**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).

**Coverages**

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**Description of Operations/Locations/Vehicles**

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<td>Fixed / Mobile / Temporary Operations</td>
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**Workers’ Compensation and Employers’ Liability**

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<th>Any Proprietor/Owner/Executive Officer/Member Excluded?</th>
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<tr>
<td>N/A</td>
<td>(Mandatory in NH)</td>
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</table>

**Cancellation**

**Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.**

**Certificate Holder**

Flagler County Board of County Commissioners
1769 E Moody Blvd
Bunnell, FL 32110

**Authorized Representative**

[Signature]

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ADDITIONAL REMARKS SCHEDULE

AGENCY
American Specialty Insurance & Risk Services, Inc.

POLICY NUMBER
SBCGL0442302

CARRIER
Arch Insurance Company

NAMED INSURED
National Horseshoe Pitchers Association

P.O. Box 205

Drexel, MO 64742

NAIC CODE
11150

EFFECTIVE DATE:
12/31/2019

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE - Certificate #1001728549

- Named Insured (continued): National Horseshoe Pitchers Foundation; National Horseshoe Pitchers Association (NHPA) Member Charters, Leagues and Teams but only with respect to NHPA sanctioned events
FACILITIES USAGE APPLICATION

Name of Activity/Event: Horseshoe Tournament

Sponsoring Organization Name (Applicant): Flagler County Horseshoe Pitching Club

Address: 4316 Buttonwood Ave.

City: Bunnell State: FL Zip: 32110

Primary Contact Name: Al Meyer Phone: 386-386-2501

Email Address: meyermf@wm.com

On-site Contact Name: Al Meyer Phone: 386-793-0661

Email Address: 

On-site Contact Name: Phone:

Email Address: (On File)


Park Reserved: Old Dixie Community Park

Description of Event: Flagler/Manatee open tournament

Beginning Date: 01/16/2021 Ending Date: 01/16/2021

Beginning Time: 7:00 AM Ending Time: 9:00 PM

Expected maximum number of persons on site at any one time: 75

Is this a fundraiser? Yes □ No □ Funds raised for: 1/14

Are you charging a fee? Yes □ No □

Will merchandise, food or beverages be sold at the event? Yes □ No □

If yes, by whom? 

Do you plan on bringing any vendors/large items into the facility? Yes □ No □

Will alcohol be used/sold/served? Yes □ No □

Will there be signs and banners to advertise this event? Yes □ No □

Will there be portable toilets? (Show site plan) Yes □ No □

Do you have any need for electric if available? Yes □ No □

Sponsors: Flagler County Horseshoe Pitching Club

Public: Welcome (Free)

Performers: Horseshoe Pitchers

Vendors (NOTE all vendors need business licenses): Yes □ No □

*All organizations and customers using special equipment (electricity/generator, bounce house, etc) will be required to provide Certificate of Insurance, General Liability for $1,000,000.00 showing the following as additional insured and certificate holder:
Flagler County Board of County Commissioners
1769 E Moody Blvd
Bunnell, FL 32110
ORGANIZATION PARTICIPATION
HOLD HARMLESS AGREEMENT

The authorized group representative on behalf of organization members agrees to protect, indemnify, defend and hold harmless Flagler County and its officials, employees and agents from any and all claims, liabilities, damages or right of action directly or indirectly arising out of the use of Flagler county facilities and equipment.

Organization name: Flagler County Horseshoe Pitching Club

Activity: Horseshoe Tournament

Usage date(s): 04/16/2021

Authorized organization representative: AL Meyer

Title of representative: Club VP + Tournament Director

Address: 4316 Butternut AVE, Bunnell FL 32110

Phone: (H) 386-586-2501 (W)

Signed: ___________________________ Date: ___________________________

Approved by: ___________________________ Date: ___________________________
Entertainment (Show on site plan):

Location: Old Dixie Community Park

Will amplified sound equipment or live band be used? Yes [ ] No [ ] J ustic
Speaker/Microphone? Yes [ ] No [ ]
Electrical Hook-ups? Yes [ ] No [ ]

Parking Requirements (Show on site plan):

Number of total parking spaces available 100 [ ]
Number of Handicapped spaces available 2 [ ]

Participants Parking Location (Show on site plan)
Vendors Parking Location (Show on site plan)
Public Parking Location (Show on site plan)
Using Private Security? Yes [ ] No [ ]
If yes, name of company/contact person
Phone number

[ ] See attached checklist for required information that must accompany application

Deposit and Fees:
All fees must be made payable to the Flagler County Board of County Commissioners prior to use of the facility, payments may be made by check, cash, money order or credit card. Online payments must be made by credit card only, and be paid in full at the time of the reservation. The deposit fee will be returned by mail to the user approximately forty-five (45) to sixty (60) days after the use date. The fee and security deposit will be refunded if the reservation is cancelled seven (7) days prior to the use date.

The pavilion/building should be left in the same condition as it was found on the day of use to ensure deposit refund. The security deposit will not be returned until all keys have been returned (if applicable). No key shall be duplicated. Please Do Not use bleach to clean anything, as this damages floors/surfaces. Please Do Not staple or tack anything to the facilities interior/exterior. User may not enter facility prior to use date.

**Persons renting the Community Centers or Pavilions should be aware that those are two separate facilities that can be rented by different parties. If you intend to use the exterior facilities of the Community Centers during your event, you must also rent the pavilion**
To: Flagler County Parks and Recreation  
From: Flagler County Horseshoe Pitching Club  
Subj: Covid-19 Protocol for Horseshoe Tournaments

For our upcoming Tournament Season, which starts the 19th of Sept till April, our proposal for adhering to Social Distancing Guide lines is as follows:

Everyone wears a mask except ones actively pitching. (when pitching the players have plenty of room to maintain 6’ apart)

Spectators in groups no more than 6 persons.

Groups maintain 10’ apart

Masks will be available for those that don’t have their own.

Hand sanitizer will be placed in several locations.

Canned beverages and bottled water will be available.

No food will be served.

Respectfully,

Al Meyer  VP Tournament Director

meyerae@aol.com

H(386)586-2501  C(386-793-0661
Parks & Recreation
1769 E. Moody Blvd. Bldg 5
Bunnell, FL 32110

FLAGLER COUNTY
FLORIDA

www.flaglercounty.org
Phone: (386)313-4020
Fax: (386)313-4120

FACILITIES USAGE
APPLICATION

Name of Activity/Event: Horseshoe Tournament

Sponsoring Organization Name (Applicant): Flagler County Horseshoe Club

Address: 4316 Bostonian Ave

City: Bunnell State: FL Zip: 32110

Primary Contact Name: Al Meyer Phone #: 386-586-2501

Email Address: meyerao@pct.com

On-site Contact Name: Al Meyer Phone #: 386-793-0061

Email Address: see above

On-site Contact Name: Phone #:

Email Address: (ON FILE)


Park Reserved: Old Dixie Community Park

Description of Event: Flagler Beach Open Horseshoe Tournament

Beginning Date: 02/06/2021 Ending Date: 02/06/2021

Beginning Time: 7:00 AM Ending Time: 6:00 PM

Expected maximum number of persons on site at any one time $75$

Is this a fundraiser? Yes / No

Funds raised for __________________________

Are you charging a fee? Yes / No

Will merchandise, food or beverages be sold at the event? Yes / No

If yes, by whom? __________________________

Do you plan on bringing any vendors/large items into the facility? Yes / No

Will alcohol be used/sold/served? Yes / No

Will there be signs and banners to advertise this event? Yes / No

Will there be portable toilets? (Show site plan) Yes / No

Do you have any need for electric if available? Yes / No

Sponsors Flagler County Horseshoe Pitching Club

Public Welcome (Free)

Performers __________________________

Vendors (NOTE all vendors need business licenses) Yes / No

*All organizations and customers using special equipment (electricity/generator, bounce house, etc) will be required to provide Certificate of Insurance, General Liability for $1,000,000.00 showing the following as additional insured and certificate holder:
Flagler County Board of County Commissioners
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Bunnell, FL 32110
ORGANIZATION PARTICIPATION
HOLD HARMLESS AGREEMENT

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Organization name: Flagler County Horseshoe Pitching Club

Activity: Horseshoe Tournament

Usage date(s): 02/06/2021

Authorized organization representative: AL Meyer

Title of representative: Club VP & Tournament Director

Address: 4316 Butternut Ave, Bunnell FL 32110

Phone: (H) 386-546-2501 (W)

Signed: AL Meyer Date: 

Approved by: Date: 
Entertainment (Show on site plan):

Location: Old Dixie Community Park
Will amplified sound equipment or live band be used? Yes [ ] No [ ]
Speaker/Microphone? Yes [ ] No [ ]
Electrical Hook-ups? Yes [ ] No [ ]

Parking Requirements (Show on site plan):
Number of total parking spaces available: 100
Number of Handicapped spaces available: 2

Participants Parking Location (Show on site plan)
Vendors Parking Location (Show on site plan)
Public Parking Location (Show on site plan)
Using Private Security? Yes [ ] No [ ]
If yes, name of company/contact person:
Phone number:

[ ] See attached checklist for required information that must accompany application

Deposit and Fees:
All fees must be made payable to the Flagler County Board of County Commissioners prior to use of the facility, payments may be made by check, cash, money order or credit card. Online payments must be made by credit card only, and be paid in full at the time of the reservation. The deposit fee will be returned by mail to the user approximately forty-five (45) to sixty (60) days after the use date. The fee and security deposit will be refunded if the reservation is cancelled seven (7) days prior to the use date.

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**Persons renting the Community Centers or Pavilions should be aware that those are two separate facilities that can be rented by different parties. If you intend to use the exterior facilities of the Community Centers during your event, you must also rent the pavilion**
To: Flagler County Parks and Recreation

From: Flagler County Horseshoe Pitching Club

Subj: Covid-19 Protocol for Horseshoe Tournaments

For our up coming Tournament Season, which starts the 19th of Sept till April, our proposal foe adhering to Social Distancing Guide lines is as follows:

Everyone wears a mask except ones actively pitching. (when pitching the players have plenty of room to maintain 6’ apart)

Spectators in groups no mor that 6 persons.

Groups maintain 10’ apart

Masks will be available for those that don’t have their own.

Hand sanitizer will be placed in several locations.

Canned beverages and bottled water will be available.

No food will be served.

Respectfully,

Al Meyer VP/ Tournament Director

meyerae@aol.com

H(386)586-2501 C(386)-793-0661
FACILITIES USAGE APPLICATION

Name of Activity/Event: Horseshoe Tournament

Sponsoring Organization Name (Applicant): Flagler County Horseshoe Club

Address: 4316 BUTTERNUT AVE.

City: BUNNELL State: FL Zip: 32110

Primary Contact Name: AL Meyer Phone #: 386-586-2501

Email Address: meyerae@att.net

On-site Contact Name: AL Meyer Phone #: 386-793-0661

Email Address: As Above

On-site Contact Name: Phone #

Email Address: 

501c Tax Exempt#: N/A Insurance Provider: American Specialty Insurance Co.

Park Reserved: Old Dixie Community Park

Description of Event: Flagler County Open

Beginning Date: 03/27/2021 Ending Date: 03/27/2021

Beginning Time: 7:00 AM Ending Time: 10:30 PM

Expected maximum number of persons on site at any one time: 75

Is this a fundraiser? Yes / No
Funds raised for: ________________________

Are you charging a fee? Yes / No

Will merchandise, food or beverages be sold at the event? Yes / No
If yes, by whom? ________________________

Do you plan on bringing any vendors/large items into the facility? Yes / No

Will alcohol be used/sold/served? Yes / No

Will there be signs and banners to advertise this event? Yes / No

Will there be portable toilets? (Show site plan) Yes / No

Do you have any need for electric if available? Yes / No

Sponsors: Flagler County Horseshoe Pitching Club

Public: Welcome (Free)

Performers: ________________________

Vendors (NOTE all vendors need business licenses): Yes / No

*All organizations and customers using special equipment (electricity/generator, bounce house, etc) will be required to provide Certificate of Insurance, General Liability for $1,000,000.00 showing the following as additional insured and certificate holder:
Flagler County Board of County Commissioners
1769 E Moody Blvd
Bunnell, FL 32110
ORGANIZATION PARTICIPATION
HOLD HARMLESS AGREEMENT

The authorized group representative on behalf of organization members agrees to protect, indemnify, defend and hold harmless Flagler County and its officials, employees and agents from any and all claims, liabilities, damages or right of action directly or indirectly arising out of the use of Flagler county facilities and equipment.

Organization name: Flagler County Horseshoe Pitching Club

Activity: Horseshoe Tournament

Usage date(s): 03/27/2021

Authorized organization representative: AL Meyer

Title of representative: Club VP + Tournament Director

Address: 4316 Butterworth Ave, Bunnell FL 32110

Phone: (H) 386-896-2501 (W)

Signed: AL Meyer

Date:

Approved by: 

Date:
Entertainment (Show on site plan):
Location: Old Dixie Community Park
Will amplified sound equipment or live band be used? Yes No
Speaker/Microphone? Yes No
Electrical Hook-ups? Yes No

Parking Requirements (Show on site plan):
Number of total parking spaces available 1000
Number of Handicapped spaces available 2

Participants Parking Location (Show on site plan)
Vendors Parking Location (Show on site plan)
Public Parking Location (Show on site plan)
Using Private Security? Yes No
If yes, name of company/contact person ____________________________
Phone number ____________________________

[ ] See attached checklist for required information that must accompany application

Deposit and Fees:
All fees must be made payable to the Flagler County Board of County Commissioners prior to
use of the facility, payments may be made by check, cash, money order or credit card. Online
payments must be made by credit card only, and be paid in full at the time of the reservation.
The deposit fee will be returned by mail to the user approximately forty-five (45) to sixty (60)
days after the use date. The fee and security deposit will be refunded if the reservation is
cancelled seven (7) days prior to the use date.

The pavilion/building should be left in the same condition as it was found on the day of use to
ensure deposit refund. The security deposit will not be returned until all keys have been
returned (if applicable). No key shall be duplicated. Please Do Not use bleach to clean anything,
as this damages floors/surfaces. Please Do Not staple or tack anything to the facilities
interior/exterior. User may not enter facility prior to use date.
**Persons renting the Community Centers or Pavilions should be aware that those are two
separate facilities that can be rented by different parties. If you intend to use the exterior
facilities of the Community Centers during your event, you must also rent the pavilion**
To: Flagler County Parks and Recreation

From: Flagler County Horseshoe Pitching Club

Subj: Covid-19 Protocol for Horseshoe Tournaments

For our up coming Tournament Season, which starts the 19th of Sept till April, our proposal for adhering to Social Distancing Guide lines is as follows:

Everyone wears a mask except ones actively pitching. (when pitching the players have plenty of room to maintain 6’ apart)

Spectators in groups no mor that 6 persons.

Groups maintain 10’ apart

Masks will be available for those that don’t have their own.

Hand sanitizer will be placed in several locations.

Canned beverages and bottled water will be available.

No food will be served.

Respectfully,

Al Meyer VP/ Tournament Director

meyerae@aol.com

H(386)586-2501  C(386)-793-0661
<table>
<thead>
<tr>
<th><strong>Name of Activity/Event</strong></th>
<th><strong>Horseshoe Tournament</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sponsoring Organization Name (Applicant)</strong></td>
<td>Flagler County Horseshoe Club</td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td>4316 Buitenius Ave</td>
</tr>
<tr>
<td><strong>City</strong></td>
<td>Bunnell</td>
</tr>
<tr>
<td><strong>State</strong></td>
<td>FL</td>
</tr>
<tr>
<td><strong>Zip</strong></td>
<td>32110</td>
</tr>
<tr>
<td><strong>Primary Contact Name</strong></td>
<td>Al Meyer</td>
</tr>
<tr>
<td><strong>Phone #</strong></td>
<td>386-586-2521</td>
</tr>
<tr>
<td><strong>Email Address</strong></td>
<td><a href="mailto:meyer2e@aoi.com">meyer2e@aoi.com</a></td>
</tr>
<tr>
<td><strong>On-site Contact Name</strong></td>
<td>Al Meyer</td>
</tr>
<tr>
<td><strong>Phone #</strong></td>
<td>386-793-0661</td>
</tr>
<tr>
<td><strong>Email Address</strong></td>
<td>As Above</td>
</tr>
<tr>
<td><strong>On-site Contact Name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Phone #</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Email Address</strong></td>
<td></td>
</tr>
<tr>
<td><strong>501c Tax Exempt#</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Insurance Provider</strong></td>
<td>American Specialty Insurance Co.</td>
</tr>
<tr>
<td><strong>Park Reserved</strong></td>
<td>Old Dixie Community Park</td>
</tr>
<tr>
<td><strong>Description of Event</strong></td>
<td>Flagler Spring Flng Horseshoe Tournament</td>
</tr>
<tr>
<td><strong>Beginning Date</strong></td>
<td>04/10/2021</td>
</tr>
<tr>
<td><strong>Ending Date</strong></td>
<td>04/10/2021</td>
</tr>
<tr>
<td><strong>Beginning Time</strong></td>
<td>7:00 AM</td>
</tr>
<tr>
<td><strong>Ending Time</strong></td>
<td>6:00 PM</td>
</tr>
</tbody>
</table>

Expected maximum number of persons on site at any one time __95__

Is this a fundraiser? ____Yes ☑ No Funds raised for ______________________________

Are you charging a fee? ____Yes ☑ No

Will merchandise, food or beverages be sold at the event? ____Yes ☑ No

If yes, by whom? ___________________________________________________________

Do you plan on bringing any vendors/large items into the facility? ____Yes ☑ No

Will alcohol be used/sold/served? ____Yes ☑ No

Will there be signs and banners to advertise this event? ____Yes ☑ No

Will there be portable toilets? (Show site plan) ____Yes ☑ No

Do you have any need for electric if available? ☑ Yes ☑ No

Sponsors Flagon County Horsehoe Pitching Chiel

Public Welcome (Free)

Performers Structured Horse Shoe Pitche

Vendors (NOTE all vendors need business licenses) ☑Yes ☑No

*All organizations and customers using special equipment (electricity/generator, bounce house, etc) will be required to provide Certificate of Insurance, General Liability for $1,000,000.00 showing the following as additional insured and certificate holder:
Flagler County Board of County Commissioners
1769 E Moody Blvd
Bunnell, FL 32110

Please note that all Parks and Facilities open at 8am and close at 11:00pm. Princes Place Preserve opens 7:00am and closes at 6:00pm. Please be sure to allow set up/clean up time along with the event time.
For after hours assistance, please call Frank Barbuto (386) 921-2201
Entertainment (Show on site plan):

Location: **Old Dixie Community Bank**

Will amplified sound equipment or live band be used? _Yes_ ✓ _No_
Speaker/Microphone? _Yes_ ✓ _No_
Electrical Hook-ups? _Yes_ ✓ _No_

Parking Requirements (Show on site plan):
Number of total parking spaces available: 100
Number of Handicapped spaces available: 2

Participants Parking Location (Show on site plan)
Vendors Parking Location (Show on site plan)
Public Parking Location (Show on site plan)
Using Private Security? _Yes_ ✓ _No_
If yes, name of company/contact person

Phone number

[ ] See attached checklist for required information that must accompany application

Deposit and Fees:
All fees must be made payable to the Flagler County Board of County Commissioners prior to use of the facility, payments may be made by check, cash, money order or credit card. Online payments must be made by credit card only, and be paid in full at the time of the reservation. The deposit fee will be returned by mail to the user approximately forty-five (45) to sixty (60) days after the use date. The fee and security deposit will be refunded if the reservation is cancelled seven (7) days prior to the use date.

The pavilion/building should be left in the same condition as it was found on the day of use to ensure deposit refund. The security deposit will not be returned until all keys have been returned (if applicable). No key shall be duplicated. Please Do Not use bleach to clean anything, as this damages floors/surfaces. Please Do Not staple or tack anything to the facilities interior/exterior. User may not enter facility prior to use date.

**Persons renting the Community Centers or Pavilions should be aware that those are two separate facilities that can be rented by different parties. If you intend to use the exterior facilities of the Community Centers during your event, you must also rent the pavilion**

In consideration of the privilege herein granted, the user and guests will not claim any damages from Flagler County its officials, employees and agents in connection with or on account of any injuries or damages arising in or on the above referenced property while being used, including
ORGANIZATION PARTICIPATION
HOLD HARMLESS AGREEMENT

The authorized group representative on behalf of organization members agrees to protect, indemnify, defend and hold harmless Flagler County and its officials, employees and agents from any and all claims, liabilities, damages or right of action directly or indirectly arising out of the use of Flagler county facilities and equipment.

Organization name: Flagler County Horseshoe Pitching Club

Activity: Flagler Springs Flying Horseshoe Tournament

Usage date(s): 04/10/2021

Authorized organization representative: AL Meyer

Title of representative: Club VP & Tournament Director

Address: 4316 Buttonwood Ave. Bunnell, FL 32110

Phone: (H) 386-356-2501 (W) 586-793-0661

Signed: AL Meyer

Date: ____________________

Approved by: ____________________ Date: ____________________
To: Flagler County Parks and Recreation
From: Flagler County Horseshoe Pitching Club
Subj: Covid-19 Protocol for Horseshoe Tournaments

For our upcoming Tournament Season, which starts the 19th of Sept till April, our proposal for adhering to Social Distancing Guide lines is as follows:

Everyone wears a mask except ones actively pitching. (when pitching the players have plenty of room to maintain 6’ apart)

Spectators in groups no more that 6 persons.

Groups maintain 10’ apart

Masks will be available for those that don’t have their own.

Hand sanitizer will be placed in several locations.

Canned beverages and bottled water will be available.

No food will be served.

Respectfully,
Al Meyer VP / Tournament Director

meyerae@aol.com

H(386)586-2501 C(386-793-0661
FACILITIES USAGE APPLICATION

Name of Activity/Event: Sommer Sports XTreme Triathlon

Primary Contact Name: Elise Rankins

Phone #: (352) 394-1320

Address: 1271 Commons Ct

City: Clermont, State: FL, Zip: 34711

Email Address: elise@sommersports.com

Secondary Contact Name: Phone #: (407) 497-6635

Email Address:

Park Reserved: River to Sea and Old Salt Park

Beginning Date: 11/15/2020, Ending Date: 11/15/2020

Beginning Time: 6:00 am, Ending Time: 10:00 pm

Please note that all Parks and Facilities open at 8am and close at 11:00pm. Princes Place Preserve opens 7:00am and closes at 6:00pm. Please be sure to allow set up/clean up time along with the event time.
Expected maximum number of persons on site at any one time 25

Is this a fundraiser? [ ] Yes [x] No Funds raised for ____________________________

Are you charging a fee? [x] Yes [ ] No

Will merchandise, food or beverages be sold at the event? [ ] Yes [x] No

If yes, by whom? ____________________________

Do you plan on bringing any vendors/large items into the facility? ___Yes___No

Will alcohol be used/sold/served? [x] Yes [ ] No

Will there be signs and banners to advertise this event? [x] Yes [ ] No

Do you have any need for electric if available? [ ] Yes [x] No

If yes, what will it be used for? ____________________________

Will amplified sound equipment or live band be used? [x] Yes [ ] No

Speaker/Microphone? [x] Yes [ ] No

Electrical Hook-ups? [x] Yes [ ] No

*All organizations and customers using special equipment (electricity/generator, bounce house, etc) will be required to provide Certificate of Insurance, General Liability for $1,000,000.00 showing the following as additional insured and certificate holder:

Flagler County Board of County Commissioners

1769 E Moody Blvd

Bunnell, FL 32110

[ ] See attached checklist for required information that must accompany application
Deposit and Fees:
All fees must be made payable to the Flagler County Board of County Commissioners prior to
use of the facility, payments may be made by check, cash, money order or credit card. Online
payments must be made by credit card only, and be paid in full at the time of the reservation.
The deposit fee will be returned by mail to the user approximately forty-five (45) to sixty (60)
days after the use date. The fee and security deposit will be refunded if the reservation is
cancelled seven (7) days prior to the use date.

The pavilion/building should be left in the same condition as it was found on the day of use to
ensure deposit refund. The security deposit will not be returned until all keys have been
returned (if applicable). No key shall be duplicated. Please Do Not use bleach to clean anything,
as this damages floors/surfaces. Please Do Not staple or tack anything to the facilities
interior/exterior. User may not enter facility prior to use date.
**Persons renting the Community Centers or Pavilions should be aware that those are two
separate facilities that can be rented by different parties. If you intend to use the exterior
facilities of the Community Centers during your event, you must also rent the pavilion**

In consideration of the privilege herein granted, the user and guests will not claim any damages
from Flagler County its officials, employees and agents in connection with or on account of any
injuries or damages arising in or on the above referenced property while being used, including
the users, members, guests or invitees and user further agrees to indemnify and hold harmless
Flagler County its officials, employees and agents from claims and/or damages in connection
with the use of the property by the user or its members, guests or invitees.

Alcoholic Beverages:
Alcoholic beverages are not permitted on the premises except for organized functions at which
the group is private and the event is not open to the public. No alcoholic beverages may be
sold on site unless approval has been given with submission of permit from the County. If
Alcohol consumption is planned at the event, the user group must first file for a special permit
with the Parks & Recreation Department. A permit fee of $50.00 will be charged in addition to
the user fee.
I agree to abide by the alcoholic beverage rules and I further understand that I can receive a
citation for breaking this law. Ordinance #86-8.

I acknowledge and agree as the applicant for usage of the facility noted on this permit all usage
of the facility will be in compliance with Flagler County Municipal Code Article 1.Sec. 23 and
the applicable codes of the jurisdictional municipality where the applied for facility is located.

Elise Rankins
Individual/Group Signature

6/12/2020
Date
<table>
<thead>
<tr>
<th>Mile</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>51-59</td>
<td>Continue heading EAST on FL-206 towards Crescent Beach.</td>
</tr>
<tr>
<td>53.3</td>
<td>Carefully cross under Interstate 95, continuing EAST on FL-206.</td>
</tr>
<tr>
<td>55.5</td>
<td>Carefully cross US-1/Dixie Highway.</td>
</tr>
<tr>
<td>58.6</td>
<td>Cross Matanzas River still heading EAST on FL-206.</td>
</tr>
<tr>
<td>59.2-59.9</td>
<td>Caution: limited or no bike lane or shoulder.</td>
</tr>
<tr>
<td>59.4</td>
<td>Turn RIGHT heading SOUTH on A1A.</td>
</tr>
<tr>
<td>59.9</td>
<td>Bike lane resumes near Cubbedge Rd.</td>
</tr>
<tr>
<td>Mileage</td>
<td>Instruction</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>63-67</td>
<td>Continue heading SOUTH on A1A.</td>
</tr>
<tr>
<td>64.0</td>
<td>Cross Matanzas Inlet on Matanzas Bridge.</td>
</tr>
<tr>
<td>64.5</td>
<td>Caution: Markers in bike lane for about 1 mile.</td>
</tr>
<tr>
<td>66.0</td>
<td>Cross Matanzas River on another bridge.</td>
</tr>
<tr>
<td>67.5</td>
<td>Turn RIGHT on Oceanshore Blvd., unmarked drive into Sea to River Preserve, to Transition 2. DISMOUNT bike before pavement ends.</td>
</tr>
</tbody>
</table>
*** Crew use 2nd Oceanshore Blvd. entrance to River to Sea Preserve (sign) and turn right to park.
STAGE #3 TRANSITION 2

- Bike Dismount (@ end of pavement)
- Bike In
- Run Out
- Changing Tents
- Water stop
- Portalet
- Crew Parking
- Oceanshore Blvd
- Distance: 0 MI

Florida XTREME TRIATHLON
STAGE #3 13.1 MILE RUN Start

T2
Bike Dismount (@ end of pavement)

Run Out

Bike In

Bike Dismount (@ end of pavement)
**STAGE #3 13.1 MILE RUN Mile 0-0.5**

<table>
<thead>
<tr>
<th>Mileage</th>
<th>Instruction</th>
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</thead>
<tbody>
<tr>
<td>0.2</td>
<td>Turn RIGHT on Poole Rd.</td>
</tr>
<tr>
<td>0.24</td>
<td>Carefully cross A1A / N. Ocean Shore Blvd. at marked Pedestrian Crosswalk.</td>
</tr>
<tr>
<td>0.24</td>
<td>Turn RIGHT heading SOUTH on Flagler Beach to Marineland Trail.</td>
</tr>
</tbody>
</table>

Follow unpaved route in River to Sea Preserve to Poole Dr (no street sign).
0.24-2.0 | Continue running SOUTH on Flagler Beach to Marineland Trail.
STAGE #3 13.1 MILE RUN Mile 2.0-3.8

2.0 – 3.8 Continue running SOUTH on Flagler Beach to Marineland Trail.

2.4 Water Station at Washington Oaks Gardens Park entrance. No restrooms.

3.8 Turn LEFT on Mala Compra Rd. Run on left, use sidewalk after dark.
### STAGE #3 13.1 MILE RUN Mile 3.8-4.7

#### Mile 3.8
- Run EAST on Mala Compra Rd sidewalk almost to end of road.

#### Mile 4.5
- Restrooms on LEFT at Johnson Beach Way.
- Turn RIGHT heading SOUTH on paved road to beach parking.

#### Mile 4.6
- Water station in parking lot. No restrooms.
4.6-6.4 Continue running on Mala Compra Trail (pedestrian portion).

4.7 Path curves RIGHT, heading EAST. Continue running on boardwalks heading WEST.

5.3 At trail intersection, turn LEFT, heading SOUTH. Trail turns left then right, continuing South

6.4 Mala Compra Trail ends at 16th Rd. E. Turn RIGHT following paved trail towards A1A.

6.5 Water station at corner of 16th Rd E. and Flagler Beach to Marineland Trail. No restroom. No
STAGE #3 13.1 MILE RUN – Mile 6.5 Water Stop

Water station at corner of 16th Rd E. and Flagler Beach to Marineland Trail. No restroom. No crew parking
STAGE #3 13.1 MILE RUN Mile 6.5-9.1

| 6.5-7.8 | Turn LEFT, carefully cross 16th Rd E. Run SOUTH on Flagler Beach to Marineland Trail. |
| 7.8    | Turn LEFT running EAST on Jungle Hut Rd. Use sidewalk after dark. |
| 8.5    | Turnaround at Jungle Hut Rd. Park |
| 8.5    | Water Station and restrooms at Jungle Hut Road Park. Crew parking available. |
| 8.5-9.1| Run WEST on Jungle Hut Rd towards Flagler Beach to Marineland Trail and towards A1A. |
9.2 | Turn RIGHT, running NORTH on Flagler Beach to Marineland Trail.

10.5 | Water station at corner of 16th Rd E. and Flagler Beach to Marineland Trail. No restroom. No crew parking.

10.5 | Continue running NORTH on Flagler Beach to Marineland Trail.
STAGE #3 13.1 MILE RUN – Mile 10.5 Water Stop

Water station at corner of 16th Rd E. and Flagler Beach to Marineland Trail. No restroom. No crew parking.
STAGE #3 13.1 MILE RUN Mile 9.1-12.2

9.1-11.4 Carefully cross 16th Rd E. Continue running NORTH on Flagler Beach to Marineland Trail.

11.4 Turn RIGHT running EAST on Mala Compra Rd. Use sidewalk after dark.

11.4-12.1 Run EAST on Mala Compra Rd. almost to end of road.

12.1 Restrooms on LEFT at Johnson Beach Way.

12.1 Turn RIGHT heading SOUTH on paved road to beach parking.

12.2 Water station. No restrooms.

12.2 When pavement ends at end of parking lot, follow path to LEFT (towards beach).
STAGE #3 13.1 MILE RUN Mile 12.-12.4

12.2 When pavement ends at end of parking lot, follow path to LEFT (towards beach).

12.3 Turn RIGHT heading south on Atlantic Ocean beach.
STAGE #3 13.1 MILE RUN – Mile 13.0-13.1 Finish

13.0  Hammock Beach Resort on RIGHT.
13.1  Turn RIGHT to FINISH at 16th Rd. E just at Old Salt Park to FINISH. Crew parking.
STAGE #3 13.1 MILE RUN Mile 13.1 FINISH
Sommer Sports has been able to successfully resume its triathlon events over the summer since the March lock-down. The triathlon events were a tremendous success and the feedback from participants and Clermont City Council members was very positive. Because the health, safety and well-being of the community, athletes, staff, and volunteers, is central to everything we stand for, we take racing during COVID-19 very seriously. We are taking every precaution we can to provide a safe environment to race in.

**Flagler County COVID Plan**

With the goal of eliminating as many touch points as possible, and maintaining social distancing throughout the event, here are the key safety guidelines for the event:

- Reduced to less than 50 people total at starting area (athletes, crew and staff)
- Staff, lifeguards, & volunteers will wear face masks at all times
- Athletes will be required to wear masks when not actively racing
- The event will use a time trial start, with each athlete starting the swim every 15 seconds
- No spectators will be allowed
- Touch points have been minimized
- Bikes will be spaced out 6ft apart in transition area
- Hand cleaning stations will be available at key locations
- Social distancing will be expected from all athletes, staff and crew when not actively racing

**The Race is Open**

As the COVID-19 situation continues to evolve, we are in constant communications with city and county officials to make sure we are kept abreast of any changes that could be forthcoming to impact our event. Nothing is 100% certain in this COVID environment, and we are ready to make changes should guidance or conditions change, including rescheduling or cancelling the impacted event if needed.
Sport Field Usage Application

Name: Jason Roberts
Address: 37 Sabal Road
City: Palm Coast
State: FL
Zip: 32137
Phone#: 217-473-6415
Cell#: 5ano
E-mail: SICRInvestmentGroup@gmail.com
DL#: R163-431-69-249-0
Name/Organization: East Coast Elite

501c Tax Exempt#


Fields Requested: Espinola / Fairgrounds Senior Field

Type of Activity: Baseball

Anticipated Attendance: 50

Requested Time of Use:
Beginning Date: 8/15
Ending Date: 12/15

Beginning Time: Week: 5pm + Sat: 10am
Ending Time: Week: 7pm + Sat: 4pm

http://www.flaglercounty.org
*All organizations and customers using special equipment (electricity/generator, bounce house, etc) will be required to provide Certificate of Insurance, General Liability for $1,000,000.00 showing the following as additional insured and certificate holder:

Flagler County Board of County Commissioners
1769 E Moody Blvd
Bunnell, FL 32110

Please note that all Parks and Facilities open at 8am and close at 11:00pm. Princess Place Preserve opens 7:00am and closes at 6:00pm. Please be sure to allow set up/clean up time along with the event time.

For after hours assistance, please call Frank Barbuti, (386) 931-2901

Expected maximum number of persons on site at any one time ______ 50______

Is this a fundraiser? _____ Yes ☑ No

Funds raised for _______________________

Are you charging a fee? _____ Yes ☑ No

Will merchandise, food or beverages be sold at the event? _____ Yes ☑ No

If yes, by whom? _______________________

Do you plan on bringing any vendors/large items into the facility? _____ Yes ☑ No

Will alcohol be used/sold/served? _____ Yes ☑ No

Will there be signs and banners to advertise this event? _____ Yes ☑ No

Will there be portable toilets? (Show site plan) _____ Yes ☑ No

Do you have any need for electric if available? _____ Yes ☑ No

Sponsors ______ N/A______

Public ______ N/A______

Performers ______ N/A______

Vendors (NOTE all vendors need business licenses) ______ N/A______
Entertainment (Show on site plan):
Location:
Will amplified sound equipment or live band be used? Yes ❌ No
Speaker/Microphone? Yes ❌ No
Electrical Hook-ups? Yes ❌ No

Parking Requirements (Show on site plan):
Number of total parking spaces available
Number of Handicapped spaces available

Participants Parking Location (Show on site plan)
Vendors Parking Location (Show on site plan)
Public Parking Location (Show on site plan)
Using Private Security? Yes ❌ No
If yes, name of company/contact person
Phone number

[ ] See attached checklist for required information that must accompany application

Deposit and Fees:
All fees must be made payable to the Flagler County Board of County Commissioners prior to use of the facility, payments may be made by check, cash, money order or credit card. Online payments must be made by credit card only, and be paid in full at the time of the reservation. The deposit fee will be returned by mail to the user approximately forty-five (45) to sixty (60) days after the use date. The fee and security deposit will be refunded if the reservation is cancelled seven (7) days prior to the use date.

The pavilion/building should be left in the same condition as it was found on the day of use to ensure deposit refund. The security deposit will not be returned until all keys have been returned (if applicable). No key shall be duplicated. Please Do Not use bleach to clean anything, as this damages floors/surfaces. Please Do Not staple or tack anything to the facilities interior/ exterior. User may not enter facility prior to use date.

**Persons renting the Community Centers or Pavilions should be aware that those are two separate facilities that can be rented by different parties. If you intend to use the exterior facilities of the Community Centers during your event, you must also rent the pavilion**

In consideration of the privilege herein granted, the user and guests will not claim any damages from Flagler County its officials, employees and agents in connection with or on account of any
injuries or damages arising in or on the above referenced property while being used, including
the users, members, guests or invitees and user further agrees to indemnify and hold harmless
Flagler County its officials, employees and agents from claims and/or damages in connection
with the use of the property by the user or its members, guests or invitees.

Alcoholic Beverages:
Alcoholic beverages are not permitted on the premises except for organized functions at which
the group is private and the event is not open to the public. No alcoholic beverages may be
sold on site unless approval has been given with submission of permit from the County. If
Alcohol consumption is planned at the event, the user group must first file for a special permit
with the Parks & Recreation Department. A permit fee of $50.00 will be charged in addition to
the user fee.
I agree to abide by the alcoholic beverage rules and I further understand that I can receive a
citation for breaking this law. Ordinance #86-8.

I acknowledge and agree as the applicant for usage of the facility noted on this permit all usage
of the facility will be in compliance with Flagler County Municipal Code Article 1.Sec. 23 and
the applicable codes of the jurisdictional municipality where the applied for facility is located.

Individual/Group Signature

Date

For Department Use Only

Deposit Fee per field per day Total: $ _____________

Rental Fee per field per day Total: $ _____________

Date Received: __________________ Check # __________________

Insurance Certificate needed ___________________________
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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
American Specialty Insurance & Risk Services, Inc.
7609 W. Jefferson Blvd., Suite 100
Fort Wayne, IN 46804

INSURED
East Coast Elite
37 sabai bend
Palm coast, FL 32137

CONTACT NAME: [Name]
PHONE: [Phone]
FAX: [Fax]
E-MAIL: [Email]
ADDRESS: [Address]

INSURER(S) AFFORDING COVERAGE
INSURER A: Arch Insurance Company
IN 11150

NAIC #

CERTIFICATE NUMBER: 1001805112

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 HEARIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Addl/Sur Sub Ins (Add Ins)</th>
<th>Policy Number</th>
<th>Policy Eff (Immed/Tty)</th>
<th>Policy Exp (Immed/Tty)</th>
<th>Limits</th>
</tr>
</thead>
</table>
| General Liability
| Commercial         |                          | SBCGL1414700  | 01/14/2020             | 01/14/2021             | $1,000,000 |
| X                  |                           |               |                        |                        |        |
| Occurrence         |                          |               |                        |                        |        |
| Each Occurrence    |                          |               |                        |                        | $1,000,000 |
| Damage to Rented   |                          |               |                        |                        | $1,000,000 |
| Premises (Ex occurrence) |                  |               |                        |                        |        |
| Med Exp (Any one person) |                  |               |                        |                        | $5,000  |
| Personal & Adv Injury |                  |               |                        |                        | $1,000,000 |
| General Aggregate  |                          |               |                        |                        | $5,000  |
| Products - Commercial |                  |               |                        |                        | $5,000,000 |
| Other              |                          |               |                        |                        |        |

| Automobile Liability
| Any Auto          |                          |               |                        |                        |        |
| Owned             |                          |               |                        |                        |        |
| Auto Only         |                          |               |                        |                        |        |
| Hired             |                          |               |                        |                        |        |
| Non-Owned Autos Only |                  |               |                        |                        |        |
| Umbrella Liab     |                          |               |                        |                        |        |
| Occurrence        |                          |               |                        |                        |        |
| Excess Liab       |                          |               |                        |                        |        |
| DED Retention $   |                          |               |                        |                        |        |

| Workers Compensation*
| Any Proprietor/Partner/Executive Officer/Member/Employee (If any) |
| XIN N/A |

| Description of Operations/Addresses/Vehicles (ACORD 101): Additional Remarks Schedule, may be attached if more space is required |
- Coverage applies to Baseball-PerfectGame - Age Range 13-14 - 1 Team

- Coverage available under policy 7312014321 is on file with the policyholder. Accident Medical Coverage $100,000 per injury excess of any other valid and collectible insurance, $100 deductible. Accidental Death and Dismemberment: $10,000 per person per accident.

CERTIFICATE HOLDER
Flagler County Board of County Commissioners
1769 E. Moody Blvd
Bunnell, FL 32110

CANCELLATION
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

© 1988-2015 ACORD CORPORATION. All rights reserved.
**ADDITIONAL REMARKS SCHEDULE**

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>NAMED INSURED</th>
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<tbody>
<tr>
<td>American Specialty Insurance &amp; Risk Services, Inc.</td>
<td>East Coast Elite</td>
</tr>
<tr>
<td></td>
<td>37 sabal bend</td>
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</tbody>
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<table>
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<tr>
<th>CARRIER</th>
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<tbody>
<tr>
<td>Arch insurance Company</td>
<td>11150</td>
<td>01/14/2020</td>
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</table>

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<tbody>
<tr>
<td><strong>ADDITIONAL REMARKS</strong></td>
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</tbody>
</table>

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** ACORD 25  **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE - Certificate #1001805112

- The certificateholder shall be an additional insured, but only with respect to the operations of the Named Insured, and subject to the provisions and limitations of Form CG 2011 - Additional Insured - Managers or Lessors of Premises, effective August 13, 2020.
East Coast Elite COVID-19 Guidelines

Restrictions (practices):

- Dugout use will not be allowed. Players’ items should be lined up against a fence at least 6 feet apart.
- Parents/guardians must remain in their cars, or drop off and pick up players at the conclusion of practice.
- Players should use their own gloves, helmets, bats, etc. as much as possible. Coaches are responsible for sanitizing any shared equipment before and after each practice.
- Volunteers for each team are responsible for ensuring social distancing is maintained between players as much as possible. This means additional spacing between players while playing catch, changing practice drills so that players remain spaced out, no congregating of players while waiting to bat, etc.
- Players must bring their own water/beverage to practices. No sharing of drinks.

Restrictions (games):

- Same guidelines apply as above for baseball and softball practices.
- Temporary removal of all bleachers. This will give people an opportunity to bring their own chairs, and socially distance on their own (I hope). It will also eliminate the need for anyone to have to clean the bleachers in any way, shape or form.
- Fan attendance is limited to household members of the players on the team, and fans should keep six feet of social distancing between different household units.
- Use of dugouts is permitted during games only. Players will have designated spots to place their personal items. Coaches must designate a volunteer who is responsible for ensuring players are seated on the benches unless they are actively participating in the game.
- Players should use their own gloves, helmets, bats, etc. as much as possible. Coaches are responsible for sanitizing any shared equipment before and after each practice.
- Twice as many games ball available at all times: 3 will be “in play” and 3 will be cleaned and sanitized between innings: the 2 sets of balls will be switched in and out between every half inning.
- Have teams enter the fields from different entrances (for example, home teams through the gates between field B and field C, visiting teams through the gates between field 1 and field 2). We’re hoping this will balance out any potential congestion at either entrance.
- Umpires will call balls and strikes from behind the pitcher’s mound (not in gear behind home plate).
- Maximum of 3 volunteers in the dugout at any time (this is already a Little League rule, but we’ve always been a little laid back on it).
- No lining up at the conclusion of games. Teams will stand on their respective side of the field and acknowledge their opponent at the conclusion of the game.
- Teams scheduled to play next will be provided designated areas for player warm ups that provide for necessary social distancing.
• When the game ends, the teams leaving must sanitize their dugout area. No post-game talks at the fields are permitted. Fans and players must leave the playing area and return to their cars immediately after the game.
• The team schedule to play next must remain in their designated warm up area until the prior team has finished sanitizing and is completely out of the dugout.
• Fans for the upcoming games must remain in their cars during player warm ups. They will be permitted to come to the field once the team they are there to watch enters the dugout area.
Sport Field Usage Application

Name: JOSEPH MCKINLEY

Address: 1725 S. Central Ave

City: Flagler Beach State: FL Zip: 32136

Phone#: 813-847-3111 Cell#: 893-2130

E-mail: WEMERVINEYGLUSHOLM@GMAIL.COM

Name/Organization: 04-1010-LEVE-0 1

501c Tax Exempt#: 85-807809313 1C-9

Insurance Provider: K & K INSURANCE GROUP INC

Fields Requested: BASEBALL/SOFTBALL FIELD

Type of Activity: BASEBALL PRACTICE

Anticipated Attendance: K-8, Parent(s)

Requested Time of Use:
Beginning Date: 6/20 Ending Date: 6/21
Beginning Time: 5:10 AM Ending Time: 6:00 PM

Days Requested: Sunday ☑ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday ☑ Friday ☑ Saturday ☑

Charles Erickson, Jr. District 1 Greg Hansen District 2 David Sullivan District 3 Joe Mullins District 4 Dennis O’Brien, Jr. District 5

http://www.flaglercounty.org
*All organizations and customers using special equipment (electricity/generator, bounce house, etc) will be required to provide Certificate of Insurance, General Liability for $1,000,000.00 showing the following as additional insured and certificate holder:

Flagler County Board of County Commissioners
1769 E Moody Blvd
Bunnell, FL 32110

Please note that all Parks and Facilities open at 8am and close at 11:00pm. Princes Place Preserve opens 7:00am and closes at 6:00pm. Please be sure to allow set up/clean up time along with the event time.

For after hours assistance, please call Frank Barbuti, (386) 951-2901

Expected maximum number of persons on site at any one time 15 - 25

Is this a fundraiser? □ Yes □ No  
Funds raised for ______________

Are you charging a fee? □ Yes □ No

Will merchandise, food or beverages be sold at the event? □ Yes □ No

If yes, by whom? __________________________

Do you plan on bringing any vendors/large items into the facility? □ Yes □ No

Will alcohol be used/sold/served? □ Yes □ No

Will there be signs and banners to advertise this event? □ Yes □ No

Will there be portable toilets? (Show site plan) □ Yes □ No

Do you have any need for electric if available? □ Yes □ No

Sponsors __________________________________

Public ____________________________________

Performers ________________________________

Vendors (NOTE all vendors need business licenses) ___________________________________________
Entertainment (Show on site plan):

Location: Baseball Fields, Revsell or Flagler Bowl

Will amplified sound equipment or live band be used? Yes [☑] No
Speaker/Microphone? Yes [☑] No
Electrical Hook-ups? Yes [☑] No

Parking Requirements (Show on site plan):
Number of total parking spaces available 10
Number of Handicapped spaces available 1

Participants Parking Location (Show on site plan)
Vendors Parking Location (Show on site plan)
Public Parking Location (Show on site plan)
Using Private Security? Yes [☑] No
If yes, name of company/contact person

Phone number

[ ] See attached checklist for required information that must accompany application

Deposit and Fees:
All fees must be made payable to the Flagler County Board of County Commissioners prior to use of the facility, payments may be made by check, cash, money order or credit card. Online payments must be made by credit card only, and be paid in full at the time of the reservation. The deposit fee will be returned by mail to the user approximately forty-five (45) to sixty (60) days after the use date. The fee and security deposit will be refunded if the reservation is cancelled seven (7) days prior to the use date.

The pavilion/building should be left in the same condition as it was found on the day of use to ensure deposit refund. The security deposit will not be returned until all keys have been returned (if applicable). No key shall be duplicated. Please Do Not use bleach to clean anything, as this damages floors/surfaces. Please Do Not staple or tack anything to the facilities interior/exterior. User may not enter facility prior to use date.

**Persons renting the Community Centers or Pavilions should be aware that those are two separate facilities that can be rented by different parties. If you intend to use the exterior facilities of the Community Centers during your event, you must also rent the pavilion**

In consideration of the privilege herein granted, the user and guests will not claim any damages from Flagler County its officials, employees and agents in connection with or on account of any
Sport Field Usage Application

Name: Joe McKinley

Address: 1775 N Central Ave

City: Flagler Beach State: FL Zip: 32136

Phone#: 813 842-3111 Cell#: Same

E-mail: Joe.McKenzie472@gmail.com

Name/Organization: OA Tennis League

501c Tax Exempt#: 85-80178093 C-9

Insurance Provider: K & K Insurance Group Inc

Fields Requested: Baseball/Softball Fields

Type of Activity: Baseball Practice

Anticipated Attendance: Kids + Parents

Requested Time of Use:
Beginning Date: 6/20
Ending Date: 5/21
Beginning Time: 5:30 PM
Ending Time: 6:00 PM

Days Requested: Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday: 

District 1: District 2: District 3: District 4: District 5:

http://www.flaglercounty.org
injuries or damages arising in or on the above referenced property while being used, including the users, members, guests or invitees and user further agrees to indemnify and hold harmless Flagler County, its officials, employees and agents from claims and/or damages in connection with the use of the property by the user or its members, guests or invitees.

Alcoholic Beverages:
Alcoholic beverages are not permitted on the premises except for organized functions at which the group is private and the event is not open to the public. No alcoholic beverages may be sold on site unless approval has been given with submission of permit from the County. If alcohol consumption is planned at the event, the user group must first file for a special permit with the Parks & Recreation Department. A permit fee of $50.00 will be charged in addition to the user fee.
I agree to abide by the alcoholic beverage rules and I further understand that I can receive a citation for breaking this law. Ordinance #86-8.

I acknowledge and agree as the applicant for usage of the facility noted on this permit all usage of the facility will be in compliance with Flagler County Municipal Code Article 1.Sec. 23 and the applicable codes of the jurisdictional municipality where the applied for facility is located.


For Department Use Only

Deposit Fee per field per day Total: $

Rental Fee per field per day Total: $

Date Received: Check #

Insurance Certificate needed


ORGANIZATION PARTICIPATION
HOLD HARMLESS AGREEMENT

The authorized group representative on behalf of organization members agrees to protect, indemnify, defend and hold harmless Flagler County and its officials, employees and agents from any and all claims, liabilities, damages or right of action directly or indirectly arising out of the use of Flagler county facilities and equipment.

Organization name: Daytona weekday

Activity: Baseball Practice

Usage date(s): 03/01 - 05/21

Authorized organization representative: Joseph McKinley, + Rose

Title of representative: Guard member, manager

Address: 1775 N Central Ave

Phone: (H) 384-2-3111 (W)

Signed: Date: 05/14/20

Approved by: Date:

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<tbody>
<tr>
<td>District 1</td>
<td>District 2</td>
<td>District 3</td>
<td>District 4</td>
<td>District 5</td>
</tr>
</tbody>
</table>
Consumer's Certificate of Exemption
Issued Pursuant to Chapter 212, Florida Statutes

<table>
<thead>
<tr>
<th>Certificate Number</th>
<th>Effective Date</th>
<th>Expiration Date</th>
<th>Exemption Category</th>
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</thead>
<tbody>
<tr>
<td>85-8017809313C-9</td>
<td>05/08/2019</td>
<td>05/31/2024</td>
<td>501(C)(3) ORGANIZATION</td>
</tr>
</tbody>
</table>

This certifies that

DAYTONA LEGENDS BASEBALL CLUB INC
10 MARY ANN TER
ORMOND BEACH FL 32174-3928

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

Important Information for Exempt Organizations

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).

2. Your Consumer’s Certificate of Exemption is to be used solely by your organization for your organization’s customary nonprofit activities.

3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.

4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).

5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.

6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.
Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a private foundation within the meaning of Section 509(a).

You're required to file Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation, annually, whether or not you have income or activity during the year. If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PF" in the search bar to view Publication 4221-PF, Compliance Guide for 501(c)(3) Private Foundations, which describes your recordkeeping, reporting, and disclosure requirements.
Sincerely,

[Signature]

Director, Exempt Organizations
Rulings and Agreements

Letter 1076
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/09/2020

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: K&K Insurance Group, Inc.
1712 Magnavox Way
Fort Wayne IN 46804

CONTACT NAME: Mass Merchandising Underwriting
PHONE: 1-800-426-2689
FAX: 1-260-459-5105
EMAIL: info@sportsinsurance-kk.com

PRODUCER CUSTOMER ID: NA/C #
INSURER(S) AFFORDING COVERAGE: NA/C #
INSURED:
Daytona Legends Baseball Club Inc
10 Maryann Ter
Ormond Beach, FL 32174
A Member of the Sports, Leisure & Entertainment RPG

COVERAGES

CERTIFICATE NUMBER: W01660528

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.

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<td>PROPERTY DAMAGE (Per accident)</td>
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</table>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Legal Liability to Participants (LLP) limit is a per occurrence limit.
Sport(s): Baseball Age(s): 12 and under
Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement - $100,000 limit

CERTIFICATE HOLDER

Evidence of Coverage:
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

Coverage is only extended to U.S. events and activities.
** NOTICE TO TEXAS INSUREDs: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas

ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD © 1988-2015 ACORD CORPORATION. All rights reserved.
Parks & Recreation
1769 E. Moody Blvd. Bldg 5
Bunnell, FL 32110

www.flaglercounty.org
Phone: (386)313-4020
Fax: (386)313-4120

Sport Field Usage Application

Name  Peter Schoemoss

Address  108 Wheatfield Drive

City  Palm Coast  State  FL  Zip  32164

Phone#  Cell #  386-338-5325

E-mail  PeterSchoemoss@gmail.com  DL#

Name/Organization  Palm Coast Little League

501c Tax Exempt#  85-8012747389C-8

1. Lexington Insurance Company
2. National Union Fire Insurance Company of Pittsburgh
3. AIG Specialty Insurance Company

Fields Requested  Field S1-5

Type of Activity  Baseball/Soccer/Tennis/Practice/Clinic

Anticipated Attendance  50-75

Requested Time of Use:  
Beginning Date  5/24/2020  Ending Date  11/21/2020
Beginning Time  5:00 PM  Ending Time  9:30 PM

Days Requested:  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

District 1  District 2  District 3  District 4  District 5

http://www.flaglercounty.org
*All organizations and customers using special equipment (electricity/generator, bounce house, etc) will be required to provide Certificate of Insurance, General Liability for $1,000,000.00 showing the following as additional insured and certificate holder:

Flagler County Board of County Commissioners
1769 E Moody Blvd
Bunnell, FL 32110

Please note that all Parks and Facilities open at 8am and close at 11:00pm. Princes Place Preserve opens 7:00am and closes at 6:00pm. Please be sure to allow set up/clean up time along with the event time.
For after hours assistance, please call Frank Barbini, (386) 931-2901

Expected maximum number of persons on site at any one time: 75

Is this a fundraiser? Yes ☑ No
Funds raised for: N/A

Are you charging a fee? Yes ☑ No

Will merchandise, food or beverages be sold at the event? Yes ☑ No
If yes, by whom? N/A

Do you plan on bringing any vendors/large items into the facility? Yes ☑ No

Will alcohol be used/sold/served? Yes ☑ No

Will there be signs and banners to advertise this event? Yes ☑ No

Will there be portable toilets? (Show site plan) Yes ☑ No

Do you have any need for electric if available? Yes ☑ No

Sponsors: N/A
Public: N/A
Performers: N/A
Vendors (NOTE all vendors need business licenses): N/A
Entertainment (Show on site plan):

Location: N/A

Will amplified sound equipment or live band be used? Yes ☑ No
Speaker/Microphone? Yes ☑ No
Electrical Hook-ups? Yes ☑ No

Parking Requirements (Show on site plan):

Number of total parking spaces available N/A
Number of Handicapped spaces available N/A

Participants Parking Location (Show on site plan)
Vendors Parking Location (Show on site plan)
Public Parking Location (Show on site plan)

Using Private Security? Yes ☑ No
If yes, name of company/contact person N/A
Phone number N/A

[ ] See attached checklist for required information that must accompany application

Deposit and Fees:
All fees must be made payable to the Flagler County Board of County Commissioners prior to use of the facility, payments may be made by check, cash, money order or credit card. Online payments must be made by credit card only, and be paid in full at the time of the reservation. The deposit fee will be returned by mail to the user approximately forty-five (45) to sixty (60) days after the use date. The fee and security deposit will be refunded if the reservation is cancelled seven (7) days prior to the use date.

The pavilion/ building should be left in the same condition as it was found on the day of use to ensure deposit refund. The security deposit will not be returned until all keys have been returned (if applicable). No key shall be duplicated. Please Do Not use bleach to clean anything, as this damages floors/surfaces. Please Do Not staple or tack anything to the facilities interior/exterior. User may not enter facility prior to use date.

**Persons renting the Community Centers or Pavilions should be aware that those are two separate facilities that can be rented by different parties. If you intend to use the exterior facilities of the Community Centers during your event, you must also rent the pavilion**

In consideration of the privilege herein granted, the user and guests will not claim any damages from Flagler County its officials, employees and agents in connection with or on account of any
injuries or damages arising in or on the above referenced property while being used, including the users, members, guests or invitees and user further agrees to indemnify and hold harmless Flagler County its officials, employees and agents from claims and/or damages in connection with the use of the property by the user or its members, guests or invitees.

**Alcoholic Beverages:**
Alcoholic beverages are not permitted on the premises except for organized functions at which the group is private and the event is not open to the public. No alcoholic beverages may be sold on site unless approval has been given with submission of permit from the County. If alcohol consumption is planned at the event, the user group must first file for a special permit with the Parks & Recreation Department. A permit fee of $50.00 will be charged in addition to the user fee.
I agree to abide by the alcoholic beverage rules and I further understand that I can receive a citation for breaking this law. Ordinance #86-8.

I acknowledge and agree as the applicant for usage of the facility noted on this permit all usage of the facility will be in compliance with Flagler County Municipal Code Article 1.Sec. 23 and the applicable codes of the jurisdictional municipality where the applied for facility is located.

[Signature]
Individual/Group Signature

[Date]
8/18/2020.

**For Department Use Only**

Deposit Fee per field per day Total: $ ____________

Rental Fee per field per day Total: $ ____________

Date Received: ______________ Check # ______________

Insurance Certificate needed ____________________________________
ORGANIZATION PARTICIPATION
HOLD HARMLESS AGREEMENT

The authorized group representative on behalf of organization members agrees to protect, indemnify, defend and hold harmless Flagler County and its officials, employees and agents from any and all claims, liabilities, damages or right of action directly or indirectly arising out of the use of Flagler county facilities and equipment.

Organization name: **Palm Coast Little League**

Activity: **Baseball, Softball Games, Practices, Clinics**

Usage date(s): **8/24/2020 - 11/21/2020**

Authorized organization representative: **Peter Schoembs**

Title of representative: **President**

Address: **108 Wheatfield Drive, Palm Coast 32164**

Phone: (H) **386-338-5329** (W) **386-447-2505**

Signed: 

**Date: 8/18/2020.**

Approved by: 

**Date: **

---

District 1    District 2    District 3    District 4    District 5
CERTIFICATE OF LIABILITY INSURANCE

PRODUCER
Keystone Risk Managers, LLC
1995 Point Township Drive
Northumberland, PA 17867

CERTIFICATE #: 126992-2020-1
DATE (MM/DD/YYYY): 10/25/19

INSURERS AFFORDING COVERAGE:
- INSURER A: Lexington Insurance Company
- INSURER B: National Union Fire Insurance Company of Pittsburgh, PA
- INSURER C: AIG Specialty Insurance Company

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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<th>POLICY NUMBER</th>
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<td>As in Master Policy: Med. Max.: $100,000 Deductible: $50</td>
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<td>As in Master Policy: Excess</td>
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"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League, and
2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

1. CITY OF PALM COAST  
2. FLAGLER COUNTY BOARD OF COMMISSIONERS  
3. FLAGLER COUNTY DISTRICT SCHOOLS

INSURED

Little League Baseball Risk Purchasing Group, Incorporated
539 U.S. RT. 15 Highway
South Williamsport, PA 17702

CANCELLATION

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

[Signature]
**CERTIFICATE OF LIABILITY INSURANCE**

**PRODUCER:**
Keystone Risk Managers, LLC
1995 Point Township Drive
Northumberland, PA 17867

**CERTIFICATE #:**
126992-2020-1
10/25/19

**DATE (MM/DD/YYYY):**
3 09 19

**INSURERS AFFORDING COVERAGE:**

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<td>AIG Specialty Insurance Company</td>
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</table>

**COVERAGEs**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIODS 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

<table>
<thead>
<tr>
<th>INSURER</th>
<th>NAMED INSURD</th>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>POLICY EFFECTIVE DATE (MM/DD/YYYY)</th>
<th>POLICY EXPIRATION DATE (MM/DD/YYYY)</th>
<th>LIMITS</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>X</td>
<td>GENERAL LIABILITY</td>
<td>011405740</td>
<td>01/01/2020</td>
<td>01/01/2021</td>
<td>EACH OCCURRENCE: $3,000,000</td>
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<td>A</td>
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<td>OCCURRENCE</td>
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<td>01/01/2020</td>
<td>01/01/2021</td>
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<td>INCL PARTICIPANTS</td>
<td>Property Damage Deductible: $250</td>
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<td>Sexual Abuse AGGREGATE: $1,000,000</td>
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<td>MEDICAL PAYMENTS</td>
<td>018251940</td>
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<tr>
<td>C</td>
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<td>DIRECTORS &amp; OFFICERS</td>
<td>019502676</td>
<td>01/01/2020</td>
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<td>C</td>
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<td>AGGREGATE: $1,000,000</td>
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<td>S&amp;P</td>
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<td>SECURITY AND PRIVACY LIABILITY INSURANCE</td>
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<td>S&amp;P</td>
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<td>EVENT MANAGEMENT INSURANCE</td>
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<td>$1,000 PER LEAGUE RETENTION</td>
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<td>01/01/2021</td>
<td>As in Master Policy: Med. Max. $100,000 Deductible $50</td>
</tr>
</tbody>
</table>

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

**ADDITIONAL INSURED**

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League, and

2. That part of the ball field or other premises not being used by the above named Little League.

**NAME AND ADDRESS OF PERSON OR ORGANIZATION:**

FLAGLER COUNTY BOARD OF COMMISSIONERS
GOVERNMENT BLDG RT 100
BUNNELL, FL 32110

**INSURED**

Little League Baseball Risk Purchasing Group, Incorporated
539 U.S. RT. 15 Highway
South Williamsport, PA 17702

**CANCELLATION**

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

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.
**CERTIFICATE OF LIABILITY INSURANCE**

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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**
Keystone Risk Managers, LLC
1995 Point Township Drive
Northumberland PA 17867

**INSURED**
Little League Baseball Risk Purchasing Group, Incorporated
PALM COAST FL 32137

**INSURER(S) AFFORDING COVERAGE**
Lexington Insurance Company 19437
AIG Specialty Insurance Company 26883

**COVERAGES**

<table>
<thead>
<tr>
<th>INSR #</th>
<th>TYPE OF INSURANCE</th>
<th>LIMITS</th>
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</thead>
<tbody>
<tr>
<td>X</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>EACH OCCURRENCE $ 3,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PREMISES (at occurrence) $ 300,000</td>
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<td></td>
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<td>MED EXP (Any one person) Excluded</td>
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<tr>
<td></td>
<td></td>
<td>PERSONAL &amp; ADV INJURY $ 3,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GENERAL AGGREGATE $ 3,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PRODUCTS - COMP/OP AGG $ 3,000,000</td>
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<tr>
<td></td>
<td></td>
<td>SEXUAL ABUSE OCC/AGG $ 1M/31M</td>
</tr>
</tbody>
</table>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES**
Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

**CERTIFICATE HOLDER**
FLAGLER COUNTY BOARD OF COMMISSIONERS
GOVERNMENT BLDG RT 100
BUNNELL FL 32110

**CANCELLATION**
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**

© 1988-2015 ACORD CORPORATION. All rights reserved.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

FLAGLER COUNTY BOARD OF COMMISSIONERS
GOVERNMENT BLDG RT 100
BUNNELL, FL  32110

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations;
   or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.
# Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

<table>
<thead>
<tr>
<th>Certificate Number</th>
<th>Effective Date</th>
<th>Expiration Date</th>
<th>Exemption Category</th>
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<tbody>
<tr>
<td>85-8012747389C-8</td>
<td>11/30/2017</td>
<td>11/30/2022</td>
<td>501(C)(3) ORGANIZATION</td>
</tr>
</tbody>
</table>

This certifies that

PALM COAST LITTLE LEAGUE INC  
8 CARLOS CT  
PALM COAST FL 32137-8956

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

## Important Information for Exempt Organizations

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).

2. Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.

3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.

4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).

5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.

6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.
FACILITIES USAGE
APPLICATION

Name of Activity/Event: Grind, Sweat, & Beers

Primary Contact Name: Jonathan Warren

Phone #: 386 748 5817

Address: PO Box 351721

City: Palm Coast  State: FL  Zip: 32135

Email Address: jonathanwarren2005@gmail.com

Secondary Contact Name: Deedy Silva  Phone #: 386-264-8592

Email Address: ff_girl431@yahoo.com

Park Reserved: Graham Swamp MTB Trail, Mala Compra MTB Trail, and Hammock Park

Beginning Date: 12/5/20  Ending Date: 12/6/20

Beginning Time: 7:00am (both days)  Ending Time: 4:00pm (both days)

Please note that all Parks and Facilities open at 8am and close at 11:00pm. Princes Place Preserve opens 7:00am and closes at 6:00pm. Please be sure to allow set up/clean up time along with the event time.

Charles Ericksen, Jr.  District 1
Greg Hansen  District 2
David Sullivan  District 3
Joe Mullins  District 4
Donald O’Brien, Jr.  District 5

http://www.flaglercounty.org
Expected maximum number of persons on site at any one time 100

Is this a fundraiser? X Yes No Funds raised for Flagler Area Biking SORBA

Are you charging a fee? X Yes No

Will merchandise, food or beverages be sold at the event? X Yes No

If yes, by whom? Food will be served free to race participants/no onsite sales

Do you plan on bringing any vendors/large items into the facility? X Yes No

Will alcohol be used/sold/served? X Yes No

Will there be signs and banners to advertise this event? X Yes No

Do you have any need for electric if available? X Yes No

If yes, what will it be used for? Lighting, possible sound system

Will amplified sound equipment or live band be used? X Yes No

Speaker/Microphone? X Yes No

Electrical Hook-ups? X Yes No

*All organizations and customers using special equipment (electricity/generator, bounce house, etc) will be required to provide Certificate of Insurance, General Liability for $1,000,000.00 showing the following as additional insured and certificate holder:
Flagler County Board of County Commissioners
1769 E Moody Blvd
Bunnell, FL 32110

[ ] See attached checklist for required information that must accompany application
Deposit and Fees:
All fees must be made payable to the Flagler County Board of County Commissioners prior to use of the facility, payments may be made by check, cash, money order or credit card. Online payments must be made by credit card only, and be paid in full at the time of the reservation. The deposit fee will be returned by mail to the user approximately forty-five (45) to sixty (60) days after the use date. The fee and security deposit will be refunded if the reservation is cancelled seven (7) days prior to the use date.

The pavilion/building should be left in the same condition as it was found on the day of use to ensure deposit refund. The security deposit will not be returned until all keys have been returned (if applicable). No key shall be duplicated. Please Do Not use bleach to clean anything, as this damages floors/surfaces. Please Do Not staple or tack anything to the facilities interior/exterior. User may not enter facility prior to use date.
**Persons renting the Community Centers or Pavilions should be aware that those are two separate facilities that can be rented by different parties. If you intend to use the exterior facilities of the Community Centers during your event, you must also rent the pavilion**

In consideration of the privilege herein granted, the user and guests will not claim any damages from Flagler County its officials, employees and agents in connection with or on account of any injuries or damages arising in or on the above referenced property while being used, including the users, members, guests or invitees and user further agrees to indemnify and hold harmless Flagler County its officials, employees and agents from claims and/or damages in connection with the use of the property by the user or its members, guests or invitees.

Alcoholic Beverages:
Alcoholic beverages are not permitted on the premises except for organized functions at which the group is private and the event is not open to the public. No alcoholic beverages may be sold on site unless approval has been given with submission of permit from the County. If Alcohol consumption is planned at the event, the user group must first file for a special permit with the Parks & Recreation Department. A permit fee of $50.00 will be charged in addition to the user fee.
I agree to abide by the alcoholic beverage rules and I further understand that I can receive a citation for breaking this law. Ordinance #86-8.

I acknowledge and agree as the applicant for usage of the facility noted on this permit all usage of the facility will be in compliance with Flagler County Municipal Code Article 1.Sec. 23 and the applicable codes of the jurisdictional municipality where the applied for facility is located.

Jonathan Warren
Individual/Group Signature

08/20/2020
Date
ORGANIZATION PARTICIPATION
HOLD HARMLESS AGREEMENT

The authorized group representative on behalf of organization members agrees to protect, indemnify, defend and hold harmless Flagler County and its officials, employees and agents from any and all claims, liabilities, damages or right of action directly or indirectly arising out of the use of Flagler county facilities and equipment.

Organization name: Flagler Area Biking SORBA (FL Association of Singletrack Riders)

Activity: Grind, Sweat, & Beers (mountain bike race)

Usage date(s): 12/05/20 (primary event date) and 12/06/20 (alternate day for weather, etc)

Authorized organization representative: Jonathan Warren

Title of representative: President

Address: PO Box 351721, Palm Coast, FL 32135

Phone: (H) 386 748 5817 (W) 386 852 0027

Signed: Jonathan Warren Date: 08/20/20

Approved by: ________________________ Date: ________________________

District 1          District 2          District 3          District 4          District 5
Fundraiser/Fee Waiver Application

Name of Organization __The Flagler County Drug Court Foundation, Inc

Non-profit? _____yes _____No  *If yes, please provide a copy 501c

Primary Contact _Michael B Feldbauer

Address _55 Black Alder Dr, Palm Coast, FL 32137_

Phone # __401-864-6997_

Type of Activity __Fund raiser_

Date(s) Requested _September 26, 2020_

Location _Soft Ball Fields_

Charity Receiving Funds _The Flagler County Drug Court Foundation, Inc_

Percentage of Proceeds going to Charity _100%

Amount of Funds Collected ____________________________

A report of the amount of funds must be submitted to the Parks and Recreation Department within 30 days after the event.
Fundraiser/Fee Waiver Application

Name of Organization
Flagler Senior Softball

Non-profit?  
☐ yes  ☑ No  
501c

Primary Contact
Gary Hall

Address
12 Pickston Ln Palm Coast FL 32164

Phone #
386-313-6479

Type of Activity
Senior Softball League

Date(s) Requested
14 Sept 2020 Thru 18 Nov 2020

Location
Fairgrounds Softball Fields 6, 7, and 8

Charity Receiving Funds
None

Percentage of Proceeds going to Charity
None

Amount of Funds Collected
None

A report of the amount of funds must be submitted to the Parks and Recreation Department within 30 days after the event.
Fundraiser/Fee Waiver Application

Name of Organization
Flagler Senior Softball

Non-profit? □ yes □ no *If yes, please provide a copy
501c

Primary Contact
Gary Hall

Address
12 Pickston Ln Palm Coast Fl 32164

Phone #
386-313-6479

Type of Activity
Senior Softball League

Date(s) Requested
15 Sept 2020 Thru 19 Nov 2020

Location
Fairgrounds Softball Fields 6,7, and 8

Charity Receiving Funds
None

Percentage of Proceeds going to Charity
None

Amount of Funds Collected
None

A report of the amount of funds must be submitted to the Parks and Recreation Department within 30 days after the event.
Fundraiser/Fee Waiver Application

Flagler Babe Ruth Baseball

Name of Organization

Non-profit?

501c

Yes [ ] No [ ]

*If yes, please provide a copy

Primary Contact

Forrest Hahn

Address

Po Box 1983, Bunnell, FL, 32110

Phone #

850-212-4848; 561-313-7638

Type of Activity

Youth Baseball boys and girls 4-19yrs

Date(s) Requested

8/8/2020 - 11/29/2020

Location

FCRA fields T-ball, 1,2,3,4 Softball fields 5&6

Charity Receiving Funds

Live Like Cameron

Percentage of Proceeds going to Charity

All sales form Concessions

Amount of Funds Collected

A report of the amount of funds must be submitted to the Parks and Recreation Department within 30 days after the event.
Fundraiser/Fee Waiver Application

Name of Organization Flagler Palm Coast High School - Cross Country

Non-profit? [ ] yes [ ] No *If yes, please provide a copy

Primary Contact Dave Halliday or Steve DeAugustino

Address 5500 East HWY 100, Palm Coast, FL 32164

Phone # 386-931-2449 (Halliday cell); 386-437-7540 x-3132; 386-503-3665 (DeAug)

Type of Activity Cross Country Meet (Spikes & Spurs Classic)

Date(s) Requested August 21 and 22, 2020

Location Flagler County Fairgrounds/Arena/Cattlemans Hall/and Recreational Complex

Charity Receiving Funds Flagler Palm Coast High School - Cross Country

Percentage of Proceeds going to Charity 100% to Flagler Palm Coast High School

Amount of Funds Collected

A report of the amount of funds must be submitted to the Parks and Recreation Department within 30 days after the event.
Fundraiser/Fee Waiver Application

Name of Organization: Flagler Youth Athletic Association

Non-profit? [ ] yes [ ] No  *If yes, please provide a copy

501c

Primary Contact: Loren Bass

Address: 2 Richfield Place Palm Coast Fl 32164

Phone #: 386-627-3816

Type of Activity: Football

Date(s) Requested: 8/3/20- 12/1/20

Location: Wadsworth Park Football Field

Charity Receiving Funds: n/a

Percentage of Proceeds going to Charity: n/a

Amount of Funds Collected: n/a

A report of the amount of funds must be submitted to the Parks and Recreation Department within 30 days after the event.
Fundraiser/Fee Waiver Application

Name of Organization: FYAA Flagler Titans

Non-profit? [ ] yes [ ] No *If yes, please provide a copy of 501c

Primary Contact: Carisa Rhinehart

Address: 34 Leaver Dr. Palm Coast FL 32137

Phone #: 386 569 5364

Type of Activity: Cheerleading

Date(s) Requested: 8/1/2020 - 12/20/2020

Location: Woodsworth Park (Football Field)

Charity Receiving Funds:

Percentage of Proceeds going to Charity:

Amount of Funds Collected:

A report of the amount of funds must be submitted to the Parks and Recreation Department within 30 days after the event.

Charles Erickson, Jr.
District 1

Greg Hansen
District 2

David Sullivan
District 3

Joe Mullins
District 4

Donald O’Brien, Jr.
District 5
Fundraiser/Fee Waiver Application

Name of Organization: Graham Swamp Trail Crew

Non-profit? ☐ yes ☐ No *If yes, please provide a copy

501c

Primary Contact: Carrie Meng-Treasurer/Secretary

Address: 75 Utah Place, Palm Coast, FL 32164

Phone #: 352-514-1283

Type of Activity: Trail building & maintenance

Date(s) Requested: Jan 8, 2020-Jan 7, 2021

Location: Graham Swamp Preserve Mountain Bike Trail & Hiking Trail

Charity Receiving Funds: Graham Swamp Trail Crew

Percentage of Proceeds going to Charity: 100%

Amount of Funds Collected: TBD

A report of the amount of funds must be submitted to the Parks and Recreation Department within 30 days after the event.
Fundraiser/Fee Waiver Application

Name of Organization
Flagler County Horseshoe Club

Non-profit?  
501c  
[ ] yes  [✓] No  *If yes, please provide a copy

Primary Contact
Al Meyer

Address
4316 Butternut Ave, Bunnell FL 32110

Phone #
386-793-0661

Type of Activity
Horseshoe Tournament

Date(s) Requested
9/19/2020

Location
Old Dixie Park

Charity Receiving Funds
N/A

Percentage of Proceeds going to Charity
N/A

Amount of Funds Collected
All funds awarded to participants

A report of the amount of funds must be submitted to the Parks and Recreation Department within 30 days after the event.
Fundraiser/Fee Waiver Application

Name of Organization
Flagler County Horseshoe Club

Non-profit? Yes No
501c

Primary Contact
Al Meyer

Address
4316 Butternut Ave, Bunnell FL 32110

Phone #
386-793-0661

Type of Activity
Horseshoe Tournament

Date(s) Requested
10/23/2020

Location
Old Dixie Park

Charity Receiving Funds
N/A

Percentage of Proceeds going to Charity
N/A

Amount of Funds Collected
All funds awarded to participants

A report of the amount of funds must be submitted to the Parks and Recreation Department within 30 days after the event.
Fundraiser/Fee Waiver Application

Name of Organization

Flagler County Horseshoe Club

Non-profit?  

☐ yes  ☑ No  *If yes, please provide a copy

501c

Primary Contact

Al Meyer

Address

4316 Butternut Ave, Bunnell FL 32110

Phone #

386-793-0661

Type of Activity

Horseshoe Tournament

Date(s) Requested

10/24/2020

Location

Old Dixie Park

Charity Receiving Funds

N/A

Percentage of Proceeds going to Charity

N/A

Amount of Funds Collected

All funds awarded to participants

A report of the amount of funds must be submitted to the Parks and Recreation Department within 30 days after the event.
Fundraiser/Fee Waiver Application

Flagler County Horsehoe Club

Name of Organization

Non-profit?   [ ] yes   [X] No  *If yes, please provide a copy 501c

Primary Contact

Al Meyer

Address

4316 Butternut Ave, Bunnell FL 32110

Phone #

386-793-0661

Type of Activity

Horseshoe Tournament

Date(s) Requested

01/16/2021

Location

Old Dixie Park

Charity Receiving Funds

N/A

Percentage of Proceeds going to Charity

N/A

Amount of Funds Collected

All funds awarded to participants

A report of the amount of funds must be submitted to the Parks and Recreation Department within 30 days after the event.
Fundraiser/Fee Waiver Application

Name of Organization  Flagler County Horseshoe Club

Non-profit?  
501c  yes  No  *If yes, please provide a copy

Primary Contact  Al Meyer

Address  4316 Butternut Ave, Bunnell FL 32110

Phone #  386-793-0661

Type of Activity  Horseshoe Tournament

Date(s) Requested  02/06/2021

Location  Old Dixie Park

Charity Receiving Funds  N/A

Percentage of Proceeds going to Charity  N/A

Amount of Funds Collected  All funds awarded to participants

A report of the amount of funds must be submitted to the Parks and Recreation Department within 30 days after the event.
Fundraiser/Fee Waiver Application

Name of Organization Flagler County Horsehoe Club

Non-profit? □ no □ yes *If yes, please provide a copy
501c

Primary Contact Al Meyer

Address 4316 Butternut Ave, Bunnell FL 32110

Phone # 386-793-0661

Type of Activity Horsehoe Tournament

Date(s) Requested 03/27/2021

Location Old Dixie Park

Charity Receiving Funds N/A

Percentage of Proceeds going to Charity N/A

Amount of Funds Collected All funds awarded to participants

A report of the amount of funds must be submitted to the Parks and Recreation Department within 30 days after the event.
Fundraiser/Fee Waiver Application

Name of Organization  Flagler County Horsehoe Club

Non-profit?  [ ] yes  [x] No  *If yes, please provide a copy of 501c

Primary Contact  Al Meyer

Address  4316 Butternut Ave, Bunnell FL 32110

Phone #  386-793-0661

Type of Activity  Horsehoe Tournament

Date(s) Requested  04/10/2021

Location  Old Dixie Park

Charity Receiving Funds  N/A

Percentage of Proceeds going to Charity  N/A

Amount of Funds Collected  All funds awarded to participants

A report of the amount of funds must be submitted to the Parks and Recreation Department within 30 days after the event.

District 1  District 2  District 3  District 4  District 5
Fundraiser/Fee Waiver Application

Name of Organization: Sommer Sports

Non-profit? □ yes  □ No  □ Yes, please provide a copy

Primary Contact: Elise Rankins

Address: 1271 Commons Ct, Clermont FL

Phone #: 352-394-1320

Type of Activity: Triathlon

Date(s) Requested: 11/15/2020

Location: River to Sea Preserve & Old Salt Park

Charity Receiving Funds: N/A

Percentage of Proceeds going to Charity: N/A

Amount of Funds Collected: N/A

A report of the amount of funds must be submitted to the Parks and Recreation Department within 30 days after the event.
Fundraiser/Fee Waiver Application

Name of Organization: East Coast Elite Baseball

Non-profit? Yes [ ] No [✓] *If yes, please provide a copy

501c

Primary Contact: Jason Roberts

Address: 37 Sabal Bend, Palm Coast

Phone #: 217-473-6415

Type of Activity: Baseball

Date(s) Requested: 8/15/2020-12/15/2020

Location: Flagler County Recreation Area Baseball Fields

Charity Receiving Funds: N/A

Percentage of Proceeds going to Charity: N/A

Amount of Funds Collected: N/A

A report of the amount of funds must be submitted to the Parks and Recreation Department within 30 days after the event.

District 1    District 2    District 3    District 4    District 5
Fundraiser/Fee Waiver Application

Name of Organization: Daytona Legends

Non-profit? [ ] yes [ ] No
501c

Primary Contact: Josephiner + Rose

Address: 1775 N Central Ave

Phone #: 813-842-3111

Type of Activity: Pick Ball

Date(s) Requested: Summer 8/20 - 5/21

Location: Baseball Field in Bunnell (1)
or Softball Field in Wassaw

Charity Receiving Funds: No

Percentage of Proceeds going to Charity: No

Amount of Funds Collected: N/A

A report of the amount of funds must be submitted to the Parks and Recreation Department within 30 days after the event.
Parks & Recreation
1769 E. Moody Blvd Bldg 5
Bunnell, FL 32110

Fundraiser/Fee Waiver Application

Name of Organization: Palm Coast Little League.

Non-profit? Yes [x] No [ ]
501c

Primary Contact: Peter Scuderi

Address: 108 Wheatfield Drive, Palm Coast 32134

Phone #: 386-338-5325

Type of Activity: Baseball/Softball, Calais, Practice, Clinics.

Date(s) Requested: 8/24/2020 - 11/21/2020

Location: Flagler County Fairgrounds.

Charity Receiving Funds: N/A.

Percentage of Proceeds going to Charity: N/A.

Amount of Funds Collected: N/A.

A report of the amount of funds must be submitted to the Parks and Recreation Department within 30 days after the event.

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District 1 District 2 District 3 District 4 District 5
Fundraiser/Fee Waiver Application

Name of Organization Flagler Area Biking SORBA (FL Association of Singletrack Riders)

Non-profit? ______ yes  x  No  *If yes, please provide a copy
501c

Primary Contact Jonathan Warren

Address PO Box 351721, Palm Coast, FL 32135

Phone # 386 748 5817

Type of Activity mountain bike race/fundraiser

Date(s) Requested 12/05/20 (primary event date) and 12/06/20 (alternate day for weather, etc)

Location Graham Swamp MTB Trail, Mala Compra MTB Trail, and Hammock Park

Charity Receiving Funds Flagler Area Biking SORBA

Percentage of Proceeds going to Charity 100%

Amount of Funds Collected estimated at $2,000

A report of the amount of funds must be submitted to the Parks and Recreation Department within 30 days after the event.

District 1  District 2  District 3  District 4  District 5