



WASHINGTON STATE PARKS &amp; RECREATION COMMISSION

## SPECIAL ACTIVITY PERMIT/APPLICATION

APPLICANT: Please complete, sign, date  
and return by: *Group Leader*  
*NO FEES The Land*  
with payment of \$ \_\_\_\_\_

Make check payable to: WASHINGTON STATE TREASURER

<b>APPLICANT</b>	
GROUP NAME: <i>Forterra</i>	REQUEST DATE: <i>7/27/2015</i>
GROUP LEADER/APPLICANT: <i>Jill Scheffer</i>	
MAILING ADDRESS (STREET): <i>409 North Pine Street</i>	BUSINESS TELEPHONE: <i>509-962-1654</i>
CITY/STATE/ZIP CODE: <i>Ellensburg, WA 98926</i>	HOME TELEPHONE: <i>509-551-8807</i>
<b>PARK</b>	
PARK: <i>Helen McCabe Park</i>	SPECIFIC AREA OF USE: <i>NW corner of park</i>
DATE OF EVENT: FROM <i>9/26/2015</i> TO <i>9/26/2015</i>	TIME OF EVENT: <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM FROM <i>2</i> TO <i>7</i> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM Event must terminate no later than half hour before park closes.
SPECIFY ACTIVITY: <i>Outreach event for Yakima River Canyon</i>	
GROUP SIZE: <input type="checkbox"/> 20 - 50 <input checked="" type="checkbox"/> 51 TO 100 <input type="checkbox"/> 101 TO 500	If over 100, please note estimate attendance: _____
ALCOHOLIC BEVERAGES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	GROUP LEADER/APPLICANT recognizes and will insure compliance with the limitations imposed by state law on the use of alcoholic beverages, especially no dispensing of alcoholic beverages to minors.

## AGREEMENT OF GROUP LEADER/APPLICANT

GROUP LEADER/APPLICANT agrees to all of the terms and/or conditions of this Special Activity Permit and attached Addendum. Failure to comply may result in forfeiture of part or all of the damage deposit. A **Discover Pass is required in all vehicles** associated with a Special Activity Permit event (<http://discoverpass.wa.gov/>).

GROUP LEADER/APPLICANT SIGNATURE:

☒

DATE:

*7/27/15***Applicant: Bring Your Copy Of This Form To Event.**

## AGENCY USE ONLY

<input checked="" type="checkbox"/> Group Day Use (No Reservations Made)	} Use Addendum A P&R O-282	<input type="checkbox"/> Special Recreation Event	} Use Addendum B P&R O-283	
<input type="checkbox"/> Group Day Use (For a Reservations)		<input type="checkbox"/> Special Recreation Event (Ocean Beaches)		
<input type="checkbox"/> Group Camping (No Reservations Made)		<input type="checkbox"/> Public Assembly		Use Public Assembly Application P&R A-255
<input type="checkbox"/> Group Camping (For a Reservations)				

**After Activity Report:** Area was left in ☐ ACCEPTABLE ☐ UNACCEPTABLE condition.

COMMENTS (use reverse if necessary):

AUG 21 EASTERN REGION		AUG -5 15 EASTERN REGION
SIGNATURE OF RANGER: <input checked="" type="checkbox"/>		DATE:

SPECIAL ACTIVITY PERMIT/APPLICATION  
P&R O-281 (07/2011)DISTRIBUTION FOR SPECIAL RECREATION EVENTS ONLY:  
COPY 1 - THROUGH REGION TO HQ PARTNERSHIPS & COMMUNITY SC;  
COPY 2 - PARK; COPY 3 - APPLICANT

## ADDENDUM A

## SPECIAL ACTIVITY APPLICATION/PERMIT

☒ GROUP DAY USE☐ GROUP CAMPING

## TERMS AND CONDITIONS

***Park Manager may add or delete terms and conditions for specific park/event circumstances.***

1. STATE PARKS authorized representative shall be the Park Manager and/or designee. This representative shall have free access to, from and over the premises at any and all times.
2. GROUP MEMBERS shall comply with all applicable codes, rules, regulations and laws, including compliance with all Discover Pass requirements, and any lawful order of the Park Manager or designee.
3. Activities will be conducted only in an approved location and/or facility.
4. GROUP LEADERS/responsible individuals will register the group with the Park Manager or designee upon entering the park and be assigned to designated camping/day use areas.
5. Cutting or blazing of trees, picking or cutting of brush, shrubs or flowers, or gathering of firewood is not permitted.
6. Garbage will be packed out or placed in receptacles provided for the purpose and NOT burned, buried or left in camping/picnicking areas.
7. GROUP LEADERS/responsible individuals shall maintain surveillance of the group and its assigned area. The area shall be kept clean at all times and upon termination of use, shall be left in a condition approved by the Park Manager or designee.
8. Camp fires will be built only in the fireplaces; no fire will be left unattended nor allowed to extend beyond the capacity of the fireplace (WAC 352-32-125).
9. GROUP MEMBERS will stay on trails when hiking, and not take short-cuts over banks, through brush, etc.
10. Sale of alcoholic beverages requires the appropriate license from the Liquor Control Board, temporary concession authority, and approval of the Director.
11. Dispensing alcoholic beverages requires the approval of the Park Manager or representative.
12. GROUP LEADERS/responsible individuals will remain with group overnight, and maintain the necessary quiet to avoid disturbing other campers.
13. No person shall dig, trench, or otherwise disturb the soil in the park except where permitted under WAC 352-32-235.
14. It shall be within the authority of the Park Manager or designee to remove from the park any or all members of the group whose behavior, at any time, is in conflict with any state laws, becomes detrimental to the health and safety of the group or other park users, or becomes so unruly as to affect the reasonable enjoyment of the park by other users.
15. GROUP MEMBERS hereby holds STATE PARKS, its employees and assigns, harmless of all claims for injuries or damages incurred or alleged to have been incurred as a result of this permitted operation.
16. Before leaving the park, the GROUP LEADER/responsible individual will make arrangements for inspection of the assigned area by the Park Manager or designee.
17. The group shall display a copy of the Special Activity Permit and this Addendum on the premises during the use period.
18. Additional terms and conditions (attach additional sheet if needed):

Washington State Parks are developed and maintained for the enjoyment of all persons, regardless of age, sex, creed, ethnic origin or physical limitations.

Special Equipment (provided by applicant) to be used (e.g., temporary structures, speaker stands, benches, sound amplifiers, etc.)

temporary structure, sound amplifier

Special facilities or systems (provided by applicant) to be used to respond to health, cleanup, etc. (e.g., emergency first aid, additional sanitation/refuse collection facilities, etc.)

porta potties will be brought & removed by Brown & Jackson.  
Forterra will supply trash cans & remove trash created at event.



Specify arrangements for crowd control

Forterra will have volunteers assisting with crowd control

If there are other special requests or needs, please specify (e.g., vehicle traffic control, signing, roping, etc.)

Forterra will have volunteers direct traffic for parking

**AGENCY REVIEW** (To be used with Special Recreation Event and Special Recreation Event-Ocean Beaches.)

<b>PARK RANGER</b>	SIGNATURE 	DATE 8-17-15	<input checked="" type="checkbox"/> Recommend Approval <input type="checkbox"/> Recommend Denial
	CONDITIONS/COMMENTS		
<b>REGION MANAGER</b>	SIGNATURE 	DATE 8/31/15	<input checked="" type="checkbox"/> Recommend Approval <input type="checkbox"/> Recommend Denial
	CONDITIONS/COMMENTS		
<b>CONCESSION/ COMMERCIAL LEASE MANAGER</b>	SIGNATURE	DATE	<input type="checkbox"/> Recommend Approval <input type="checkbox"/> Recommend Denial
	CONDITIONS/COMMENTS		
<b>ENVIRO- MENTAL COORDINATOR</b>	SIGNATURE	DATE	<input type="checkbox"/> Recommend Approval <input type="checkbox"/> Recommend Denial
	CONDITIONS/COMMENTS		

# CERTIFICATE OF LIABILITY INSURANCE

 Date (MM/DD/YR)  
 8/9/2015

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**  
 Heffernan Insurance Brokers  
 PO Box 69038  
 Portland, OR 97239

**CONTACT NAME:**  
**PHONE (A/C, No, Ext):** 800-208-6912 **FAX (A/C, No):** 800-215-0147

**EMAIL ADDRESS:**

**INSURED** Forterra  
 901 Fifth Ave. #2200  
 Seattle, WA 98164

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	First National Ins Co. of America	24724
INSURER B:	American States Insurance Company	19704
INSURER C:		31194
INSURER D:		
INSURER E:		
INSURER F:		

**COVERAGES**
**CERTIFICATE NUMBER:**
**REVISION NUMBER:**

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL L LIABILITY			25CC36185130	07/01/2015	07/01/2016	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 20,000
	<input checked="" type="checkbox"/> WASHINGTON STOP GAP \$1,000,000						PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
	GEN'L. AGGREGATE LIMIT APPLIES PER						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							
A	AUTOMOBILE LIABILITY			25CC36185130	07/01/2015	07/01/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			01SU43052530	07/01/2015	07/01/2016	EACH OCCURRENCE	\$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 10,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in N.H.)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD RE: Pedals Vines Event on September 26th, 2015. T

**CERTIFICATE HOLDER**

Helen McCabe State Park  
 24371 State Highway 821  
 Ellensburg, WA 98926

L/M For Forterra

8/27/15

Insurance needs  
 Correction