



BOARD OF COMMISSIONERS  
Agenda Item Summary

Agenda Category: Prior Approved / Agreement Item No:

**Meeting Date:** April 30, 2019

**Originating Department:** Klamath County Public Health

**Issue:** In the matter of approving Klamath County Public Health to submit an application for Special Use Permit to the Wiard Park District.- Jennifer Little, Public Health

**Background:** Klamath County Public Health (KCPH) requests board approval to submit a special use application to the Wiard Park District for use of Crest Park on April 29, 2019. This request is to provide space needed to host a community meeting regarding the opportunity to apply for the Klamath Falls Woodstove replacement grant.

**Fiscal Impact:** Application fee of \$40 to Environmental Health – Air Quality Program.

**Recommended Motion:** Matter was approved in a BOCC Administrative Meeting on April 23, 2019. Fiscal Impact is application fee of \$40 to the Environmental Health Air Quality Program. Department head authorized to sign.

DONE AND DATED this \_\_\_\_\_ day of \_\_\_\_\_ .

Chair	Vice-Chair	Commissioner
Approved <input type="checkbox"/>	Approved <input type="checkbox"/>	Approved <input type="checkbox"/>
Denied <input type="checkbox"/>	Denied <input type="checkbox"/>	Denied <input type="checkbox"/>



**BOARD OF COMMISSIONERS**  
**Agenda Item Summary**

**Agenda Category:** Agreement **Item No:**

**Meeting Date:** April 23, 2019

**Originating Department:** Klamath County Public Health

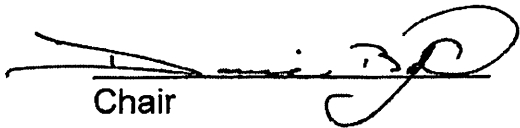
**Issue:** In the matter of approving Klamath County Public Health to submit an application for Special Use Permit to the Wiard Park District.- Jennifer Little, Public Health

**Background:** Klamath County Public Health (KCPH) requests board approval to submit a special use application to the Wiard Park District for use of Crest Park on April 29, 2019. This request is to provide space needed to host a community meeting regarding the opportunity to apply for the Klamath Falls Woodstove replacement grant.

**Fiscal Impact:** Application fee of \$40 to Environmental Health – Air Quality Program.

**Recommended Motion:** Move to approve Klamath County Public Health’s submission of application for a Special Use Permit to the Wiard Park District. Fiscal impact of \$40 dollar application fee to Environmental health air quality program. Authorize department head to sign.

DONE AND DATED this 23<sup>rd</sup> April day of 2019.



Chair

Approved   
Denied



Vice-Chair

Approved   
Denied



Commissioner

Approved   
Denied



## WIARD PARK DISTRICT SPECIAL USE POLICY

Approved by Order of the Board of Directors August 2015

### PERMIT QUALIFICATION

1. Special Use Permits are required of groups with expected attendance of more than 150 people. The largest Wiard Park facilities (Wiard Park and Crest Park) are limited to events not exceeding 450 attendees.

2. A Special Use Permit is also required for all events - regardless of attendance - when the user plans to use any park space for organized activities, installation of shade canopies, overnight parking, fundraisers, community events, live music, etc.

3. Dunk tanks, wading pools, inflatable play structures, water slides, climbing walls, and events involving non-service animals are prohibited in all district parks. Permits may also be denied at the discretion of the District Manager for other types of use not described above.

*NOTE: Park users who do not obtain a Special Use Permit for any of the above listed conditions may be denied entry and/or required to cease their activities as directed by park staff or peace officers.*

### FEES

Special Use Fees shall be the same as Regular Use Fees (\$40 for regular groups, \$20 reduced fee for qualified non-profit groups.) Users will receive an emailed invoice for this.

### WASTE CONTAINERS

Special Use Permits for groups exceeding 250 attending shall require the group to provide a 1 yard dumpster service for the day of the event. The user will receive a separate invoice from the District for this service.

### INSURANCE & WAIVERS

Prior to approval of the Special Use Permit, the organization shall provide a ***Certificate of Liability Insurance*** with minimum coverage amounts at \$1,000,000 per occurrence and \$2,000,000 aggregate and an Endorsement naming Wiard Park, its elected officials, employees, agents and volunteers as additional insured.

Prior to approval of Special Use, the organization's authorized representative shall sign a ***Recreational Immunity Acknowledgement and Indemnification Statement***.

*Please complete the form on the next page*

**WIARD PARK DISTRICT SPECIAL USE PERMIT**



Please complete this form, attach required proof of insurance coverages and submit to Wiard Park District, PO Box 1438, Klamath Falls, OR 97601 or via email to: [wiardpark@gmail.com](mailto:wiardpark@gmail.com)

Event or Organization: Klamath County Public Health

Event Date: 4/29/19 Event Start Time: 6:30pm Event End Time: 8pm

Event Location: Crest Park

Description of Special Use: Community meeting

Estimated Attendance: 50

Contact Person: Valeree Lane Contact Phone: 541-851-3737

Contact Email (for invoicing) vlane@klamathcounty.org

**RECREATIONAL IMMUNITY and INDEMNIFICATION STATEMENT**

**Recreational Immunity Acknowledgement**

Oregon law (ORS 105.682 et seq.) provides the owner of land (Wiard Park District) is not liable for injury, death or property damage that arises out of use of the land for recreational purposes. That immunity does not apply if the owner charges a fee for permission to use the land. This fee charged by Wiard Park District is only for the use of the designated facility and/or space for the event, organization, date and time listed above.

**Indemnification Statement**

User shall indemnify, defend and hold the Wiard Park District and its officers, agents and employees harmless against any and all claims and demands, including court costs and reasonable attorney fees at trial and on appeal, arising from the use of the Park for Public Property by user due to user's negligence.

Organization/User Name: Klamath County Public Health

Authorized Signature: [Signature] Date: 4/17/19

**Office Use Only**

\_\_\_ Date Received: \_\_\_/\_\_\_/\_\_\_  
\_\_\_ Insurance documents attached