



New York State  
Parks, Recreation and  
Historic Preservation

Saratoga/Capital District Region

# Park Pavilion Rental Information

Cherry Plain State Park

## Contact Information

Cherry Plain State Park

P.O. Box 163, Grafton, NY 12082

Summer Phone: (518) 733-5400

Winter Phone: (518) 279-1155

# PICNIC SHELTER INFORMATION

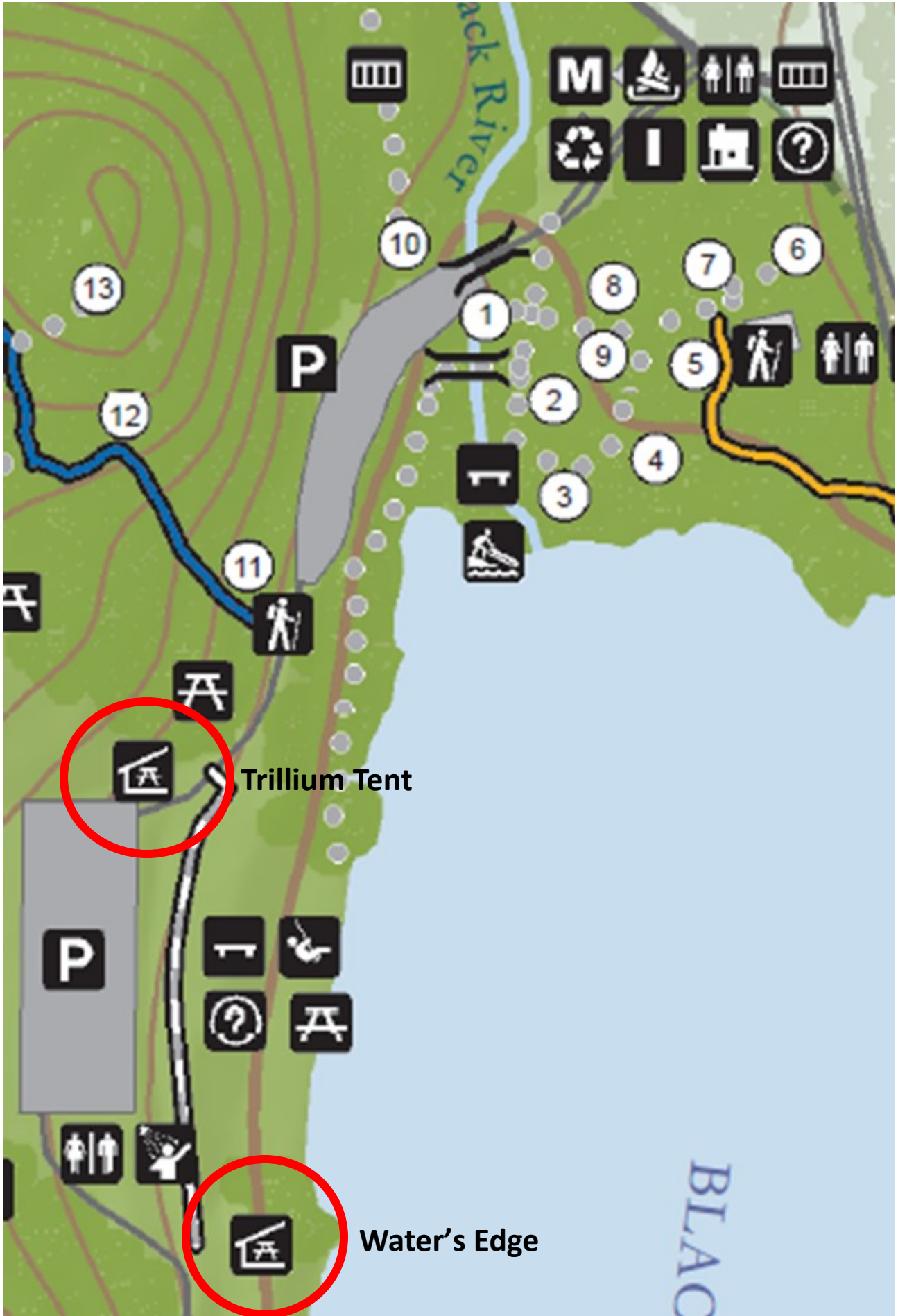
Shelter Name	Daily Rental Fee	Capacity*	# of Tables	Electric	Athletic Fields	Playground Close by
<b>Grafton</b>						
Water's Edge Pavilion	\$100	100	12	Yes	A	
Trillium Tent	\$75	80	11	No	B	X

	<b>Athletic Fields Key</b>
A	Horseshoe Pit/Stakes
B	Basketball Hoop Nearby

\*Capacity range is based on seating 6 - 8 people per picnic table

\*Map of rental areas on following page

\*Reservation charge of \$7.25 through Reserve America



Trillium Tent

Water's Edge

# Park Rules and Reservation Information

## New York State Law

- 1) Reserve America permits are subject to the rules and regulations of the **Office of Parks, Recreation, and Historic Preservation** as well as **Federal & State** law.
- 2) All permits **are temporary and revocable** at any time.
- 3) Damages and proper group conduct are the responsibility of the applicant.

## Alcohol Rules

- 1) **You must obtain an Alcohol Permit** on the day of your event at the Welcome Center if there will be any alcohol consumption at the event.
- 2) The permittee and any person consuming alcoholic beverages must be at least 21 years of age (proof of age may be required).
- 3) Use of alcoholic beverages **is limited to the reserved area only**.
- 4) Any type of alcohol is permitted but the quantity must be kept to a reasonable level.
- 5) **The permittee is the responsible party for the group**. We may revoke the permit at any time. Causes for revoking the permit can include but are not limited to, damage to property, disorderly conduct, minors drinking or disturbing other patrons.

## Hiring Organizations/Vendors

- If you hire any vendors (caterer, DJ, tent, etc.), you will need to get a special use permit from the park and provide a **certificate of insurance (Acord 25 - sample on last page)** from them with the specific wording on the *“Required Insurance Coverage”* on the second to last page of this packet. • **For caterers, you will need a copy of their liquor license and submit it to the park if they are handling alcohol.**
- **For setting up a tent**, the tent must be set up and torn down **within the timeframe** of the event and no staking into the ground without prior approval.
- **DJ Services are only allowed at the Water’s Edge pavilion. Subwoofers** are not allowed. Music volume allowed within reason, considering the close proximity of the pavilion to the beach.
- All other activity requests will be reviewed on a case by case basis. Contact the park office as soon as possible to set up a special use permit as it can take time to get the necessary documents from vendors. Completed permits and insurances are due at least 10 days prior to your event.

## Refund Policy

- Any cancelation is subject to the following Reserve America cancelation fees:
  - More that 30 days prior to event, a full refund minus a \$7.25 fee will be given.
  - Between 30—10 days prior to event, a 50% refund minus a \$7.25 processing fee will be given.
  - Less than 10 days prior to event, no refund will be issued.
- All fees are retained if you fail to arrive and do not inform the park of a cancelation in advance.

*\*Weather is not an acceptable reason for a refund.*

## Entrance Fees

- All vehicles entering the park must pay the parking fee or present a proper form of no-fee entry (ie – Empire passport, access pass, etc.). Please **DO NOT** include your entry fee with your application. **Reservation of a shelter does not exempt you from this fee.**
- You can pay for your guests by opening a tab the day of your event. Please inform the Park Office and they will take all the necessary information including credit card information. Guest's vehicles will be tallied and we will settle the tab at the end of the day.

## Recreation Bags

Select rental areas have amenities such as a horseshoe pit or basketball hoop (please refer to the picnic shelter fact sheet for more info). We provide a recreation bag containing equipment specific to each site (ie– basketball, horseshoes, Frisbee, etc.). They can be signed out at the Park Office the day of your event.

## General Rules and Information

- 1) **Carry-In/Carry-Out:** You are required to take your trash out of the park with you. There may be a fine imposed for any garbage left behind.
- 2) **No releasing of any floating objects:** for any event.
- 3) **Do not park on the grass:** Please use designated parking spaces only. Sites are walk-in only. While some are closer to parking areas you cannot drive up to the rental area to unload.
- 5) **Setup:** Park hours are 8am—dusk. 8am is the earliest that you can come to start your event. Since the parks do get fairly busy on some days, early arrival is encouraged. All reservations are full day use.
- 6) **Playing amplified music requires a special use permit**
- 7) **Be courteous to other park patrons:** the park is meant for everyone.
- 8) **Unattended equipment and belongings:** are not the responsibility of NYS Parks.
- 9) **Animals:** Only domestic pets are permitted; they must be on a leash at all times and you must clean up after your pet. Pets are not permitted in enclosed buildings unless they are *Service Animals*.
- 10) **Surrounding areas:** Any picnic areas surrounding the rental areas may be used by other park patrons. All restrooms are also available for the general public use.
- 11) **All children:** 10 years of age or younger must be supervised at all times by a parent or guardian 18 years of age or older.
- 12) **Terrain:** While all of our pavilions and tents are placed on a concrete or stone dust pad please be aware that these are outdoor areas and the terrain may be rocky and uneven. We encourage patrons to come to the park before their party to view and assess the site. Please feel free to contact the respective park office if you have any questions about the areas.

**Please report any accidents or incidents immediately to park staff or call 911 in the even of an emergency.**

NYS OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION  
SARATOGA/ CAPITAL DISTRICT STATE PARK REGION

REQUIRED INSURANCE COVERAGE

(SPECIAL USE PERMITS ONLY)

**Note:** Insurance is only required if you are having anything with a liability issue, i.e. 5k run/walk, fishing tournaments, caterers, bouncy-bounce, pony rides etc.

**ALL POLICIES MUST NAME AS ADDITIONAL INSURED the following:**

The People of the State of New York, Executive Department, NYS Office of Parks, Recreation and Historic Preservation, Saratoga/ Capital District State Park Region, Cherry Plain State Park and its Officers, Agents and Assigns.

**Note: Insurance certificates will be declined if this is not included on the certificate.**

Insurance Policies must be issued in the minimum amounts as indicated:

Public Liability coverage

\$1,000,000.00 coverage for one person and  
\$2,000,000.00 for more than one person injured or killed in any one accident

Products Liability Coverage

\$1,000,000.00 coverage for any one person and  
\$2,000,000.00 for more than one person

**Note:** This insurance is required whenever food or beverage sales are conducted.

Property Damage Insurance

\$10,000.00 for all damages or destruction of property. This insurance is always mandatory. (Levels of coverage dependent on established property values)

Workman's Compensation Insurance

The group or licensee must secure compensation for the benefit of and keep insured during the life of the permit such employees as are required to be so insured by the provisions of Chapter 41 of the Laws of 1918 and amendatory thereof known as the Workmen's Compensation Law.

Required Policies or certificates shall be provided that they will not be changed or cancelled until ten (10) days written notice has been given to the people of the State of New York.

Permittee shall promptly report any and all unusual incidents directly to the Park Manager or Park Police. Unusual incidents include, but are not limited to, damage to Park property, accidents, personal injuries, and emergencies involving medical personnel.

**All insurance policies or certificates must be received with the special use permit no later than ten (10) days prior to the event or function being covered.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/30/2015

**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 may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

PRODUCER AGENCY NAME 123 MAIN ST BURBANK CA 91502	CONTACT NAME: _____ AGENT NAME _____ PHONE (A/C. No., Ext): _____ FAX (A/C. No.): _____ E-MAIL ADDRESS: _____																				
	<table border="1"> <tr> <td colspan="2">INSURER(S) AFFORDING COVERAGE</td> <td>NAIC #</td> </tr> <tr> <td>INSURER A :</td> <td>INSURANCE COMPANY NAME</td> <td>12345</td> </tr> <tr> <td>INSURER B :</td> <td></td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	INSURANCE COMPANY NAME	12345	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____ \$ _____												
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____												
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____												
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			POLICY NUMBER	01/30/2015	01/30/2016	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$ 1,000,000</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER		E.L. EACH ACCIDENT		\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b> _____ _____	<b>CANCELLATION</b> 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 _____