



2025-26 Running Team Permit Fees, Policy & Rules

Read before filling out application.

PERMIT FEES:

Make checks payable to: **NYS Parks**

Season/Group Team Running Permit Fee: \$75.00/season

BUS FEES: Parking fee applies if bus is to remain at the park during your visit.
PER VISIT For-profit & Non-Profit Schools/Groups: \$35.00
PER SEASON For-profit & Non-Profit Schools/Groups: \$75.00

INSURANCE REQUIREMENTS:

- PERMITTEE shall provide the **ACORD 25 Certificate of Insurance** (see SAMPLE FORM attached)
- The certificate should be made out to:
**NYS Parks, Recreation, and Historic Preservation,
625 Broadway Albany, NY 12207**
- Additional Insured should state: ***"The People of the State of New York, Executive Department, the NYS Office of Parks, Recreation and Historic Preservation, Taconic Region, it's Officers, Agents, employees and assigns."***

RSPP TRAIL USE OBJECTIVES:

1. The carriage paths are multi-use. Prevent one user group from dominating others.
2. Uses are consistent with the Park Preserve designation and purpose of the Preserve.
3. Visitors can enjoy quiet contemplative walks and nature observation.
4. The public / other trail users are safe.

WHO DOES THIS POLICY AFFECT? *Running groups and teams only (HS, college, organized groups)*

- Groups/teams are defined as official or organized runners with a leader or sponsor.
- 7 or more in number.
- Permit is required regardless of where start of run, bus parks or what day/time.
- This permit policy does not apply to individual runners. Individual runners can run any time.

PERMIT CONDITIONS AND RULES:

- **Avoid** Swan Lake / Brothers' Path.
- Off-trail running is **not allowed**.
- **Sprinting** and **timed runs** are **not allowed**.
- Must demonstrate polite trail etiquette.
- **Must leave restrooms clean after using**. If a group / team leaves a restroom dirty and littered with paper towels or trash, they will lose their permit.
- **No stretching in the parking lot by parked vehicles**. Stretching allowed on the lawns near picnic bench areas at the main entrance between front and back parking lots and/or across from horse trailer parking



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TRAIL ETIQUETTE:**

- Split into groups of **4 or less** (with at least 200 feet between groups)
- **Run two-abreast**, pass on left or where safe – do not take up entire width of trail
- Communicate with others before passing them.
- Must **YIELD** to carriages/equestrians, as horses have blind spots may behave unpredictably.
- Must **STOP** if a horse rider or carriage driver requests you to do so.

**** Each team member must read trail etiquette and acknowledge with initials on Signature page.**

FALL WEEKEND HOURS WITH RESTRICTIONS:

Teams must finish by 9:30 am on Saturday & Sunday during busy fall weekends as follows:

September 6/7; 13/14; 20/21; 27/28 **October** 4/5; 11/12; 18/19; 25/26 **November** 1/2; 8/9

Teams must finish by 2:00 pm Wednesday – Saturdays on the following dates in October: Oct 15-18 & Oct 22-25

Other weekends in August and mid-November through December – **teams must finish by 11 am.**

BLACKOUT DAYS

NO running teams or clubs or groups at any time or location on the following dates:

September 14 / October 4 / November 8

***Note:** The Hunter Pace event typically occurs in November on a Saturday or Sunday. We currently do not know the date for 2025. We will send out a notice should this be a potential conflict on calendars if we learn of that

Thank you for reading the 2025-26 Running Team Permit Fees, Policy & Rules

**PLEASE PROCEED TO FILL OUT THE
2025-26 SCHOOL & GROUP RUNNING PERMIT APPLICATION**



2025-26 SCHOOL & GROUP RUNNING PERMIT APPLICATION

This permit is in effect for AUGUST 2025 through JULY 2026.

This permit is primarily focused on managing trail use during peak visitation and running season between September 1 and November 15. We may ask for your spring schedule as the season approaches.

ORGANIZATION INFORMATION

Group Name	<input type="text"/>	Grade/Age Group	<input type="text"/>	Total Group Size	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>		
Address		State	Zip		
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Phone	Fax	Email			

CONTACT INFORMATION

<input type="text"/>	<input type="text"/>
Primary Contact	Title
<input type="text"/>	<input type="text"/>
Phone #	E-Mail
<input type="text"/>	<input type="text"/>
Secondary Contact	Title
<input type="text"/>	<input type="text"/>
Phone #	E-Mail
<input type="text"/>	<input type="text"/>
Emergency Contact	Title
<input type="text"/>	<input type="text"/>
Phone #	E-Mail
<input type="text"/>	<input type="text"/>
Athletic Director / Coach	Title
<input type="text"/>	<input type="text"/>
Phone #	E-Mail

FOR OFFICE USE ONLY

Application Date	<input type="text"/>	Expiration Date	<input type="text"/>	Insurance Certificates (Y/N) Bus Permit (Y/N)	Approved By:
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GROUP INFO & PLANNED ROUTES

Team/Club Name			
Group Information	Color of uniform:		
	Overall number of Runners		Number of Groups (no larger than 4 per group 2 rows side by side)
Points where you generally access & exit the carriage paths			
List preferred paths			
Notes / Comments			



CALENDAR 2025

Please fill in dates you plan to bring your team to the Preserve. Be mindful of our blackout dates and times to be finished.

If we have additional BLACKOUT dates that come up after this mailing, you will be notified.

Group/Team _____ Number of runners _____ Number of days _____ Start date _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					AUG 1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	SEP 1 LABOR DAY	2	3	4	5	6 OUT BY 9:30am
7 OUT BY 9:30am	8	9	10	11	12	13 OUT BY 9:30am
14 BLACKOUT GIRL SCOUT EVENT	15	16	17	18	19	20 OUT BY 9:30am
21 OUT BY 9:30am	22	23	24	25	26	27 OUT BY 9:30am
28 OUT BY 9:30am	29	30	OCT 1	2	3	4 BLACKOUT FRSPP Rocky's 5K ABILITIES DAY EVENT
5 OUT BY 9:30am	6	7	8	9	10	11 OUT BY 9:30am
12 OUT BY 9:30am	13 COLUMBUS DAY	14	15 OUT BY 2:00pm HULDA'S NIGHT	16 OUT BY 2:00pm HULDA'S NIGHT	17 OUT BY 2:00pm HULDA'S NIGHT	18 OUT BY 2:00pm HULDA'S NIGHT
19 OUT BY 9:30am	20	21	22 OUT BY 2:00pm HULDA'S NIGHT	23 OUT BY 2:00pm HULDA'S NIGHT	24 OUT BY 2:00pm HULDA'S NIGHT	25 OUT BY 9:30am HULDA'S NIGHT
26 OUT BY 9:30am	27	28	29	30	31	NOV 1 OUT BY 9:30am
2 OUT BY 9:30am	3	4	5	6	7	8 BLACKOUT FRSPP Pocantico Hills Marathon & Half
9	10	11 VETERAN'S DAY	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27 THANKSGIVING	28	29
30						



SIGNATURE PAGE

Thank you for helping to ensure the safety and enjoyment of all patrons. Please note that park management reserves the right to issue warnings against any group or individuals found in violation of Preserve policy, endangering the safety of others, or any of the rules or conditions of their permit. Warnings apply to all associated members when issued to a group member. Park management can revoke or modify or suspend a permit at any time for any incidents involving the group/organization or its associated individuals. Disciplinary action may include, but is not limited to eviction, permit renewal refusal, temporary/permanent revocation of group permit.

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IMPORTANT

If the total number of team runners is very high on certain dates, we may ask you to make some adjustments. Leaders/Coaches must pick up their permit in the Preserve Office. We will issue bracelets for your runners at that time.

Permit is non-transferrable.

I have read and fully understand all of the rules, regulations, and policies provided. I understand that I am expected to fully comply with these and any further instruction by Preserve staff. Failure to comply with any of the above may result in the suspension or cancelation of the permit and the group/organization and associated individuals may be prohibited from using the Preserve for running activities. Park management reserves the right to revoke this permit at any time.

I understand that our group is to run in groups of 4 (2 per row) or less and be courteous to other users.

I understand that running cross country is a potentially hazardous activity and should not be performed unless participants are medically able and properly trained. We assume all risks associated with this activity including but not limited to falls, contact with other Preserve patrons, the effects of the weather, including high heat, humidity, or wet conditions, traffic, and conditions of the road/trail. Having read this waiver and knowing these facts and in consideration of your permit request, I waive and release the State of New York, their representatives, employees, volunteers and successors from all claims or liabilities of any kind arising out of my participation in this activity even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I hereby apply for an activity permit as shown above. I and all other members of my group have read and understand all the rules and regulations associated with the Rockefeller State Park Preserve Multi-Use Policy and agree to fully abide by them. I understand that this permit may be revoked if any of its terms and conditions are violated.

Signed: _____
Coach/Athletic Director

Date: _____

Team Member Sign-off signifying reading rules and policies. (Each team member initial below.)



ACORD CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YY)	
PRODUCER			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
			INSURERS AFFORDING COVERAGE				
INSURED			INSURER A:				
			INSURER B:				
			INSURER C:				
			INSURER D:				
			INSURER E:				
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.							
INSR LTS	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
	GENERAL LIABILITY				EACH OCCURRENCE	\$	
	COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$	
	CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				MED EXP (Any one person)	\$	
					PERSONAL & ADV INJURY	\$	
					GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$	
	POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC <input type="checkbox"/>						
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO				BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$	
	SCHEDULED AUTOS						
	HIRED AUTOS						
	NON-OWNED AUTOS						
	GARAGE						
	ANY						
	EXCESS						
	OC						
	DED						
	RET						
	WORKER EMPLOY				E.L. DISEASE - EA EMPLOYEE	\$	
					E.L. DISEASE - POLICY LIMIT	\$	
	OTHER						
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS							
Additional Insured: The People of the State of New York, Executive Department, the NYS Office of Parks, Recreation and Historic Preservation, Taconic Region, it's Officers, Agents, employees and assigns.							
CERTIFICATE HOLDER		ADDITIONAL INSURED; INSURER LETTER:		CANCELLATION			
NYS Parks, Recreation, and Historic Preservation 625 Broadway Albany, NY 12207				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE			
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