



RECREATION AND PARKS
DEPARTMENT

Health and Wellness Service Provider

Application for Operator's Authorization

Dear Applicant:

Thank you for your interest in becoming an authorized Health and Wellness Service Provider with the City of Columbus; Recreation and Parks Department. Enclosed is the application to become an authorized operator. Please read the application carefully, including all requirements and conditions. We recommend that completed applications be returned to the Permit and Rental Services Section no less than thirty (30) days prior to the first date of the service you will be providing, to ensure request is processed prior to desired service date. Below is a list of conditions that apply to all authorizations. Please review prior to completing the application.

- All city codes apply. Park/facility must be returned to pre-event condition
- Groups of more than 25 must schedule each activity with CRPD to avoid conflicts with other events/activities.
- Authorization does not include access to designated rental facilities.
- Authorization does not reserve the park space; all areas in the park may be used on a first come/first serve basis.
- No merchandise may be sold in conjunction with the service being provided.
- Authorization may not be used for "walk-up" business and participation. All participants must be scheduled in advance. Operator will not be permitted to solicit business within the park.
- Operator will be permitted to place one (1) advertisement, up to 36"x24", on site while services are being provided as outlined in this authorization. Sign must be removed at the conclusion of the service each day. Advertisement may be free standing or use wire stakes/legs up to .5" in diameter.
- Any equipment used must be approved in advance and Columbus Recreation and Parks reserves the right to limit any equipment that could potentially harm property or interfere with other park activities. Equipment should be easily hand-carried to and from the park, no vehicles may be driven outside of roadways and parking areas.
- No tents may be used
- No bike training will be permitted due to 10mph speed limit on trails.
- Upon approval, \$1,000,000 insurance policy listing the City of Columbus as an additional insured, and non-profit status (if applicable) must be provided.

Pricing for the Health and Wellness Service Provider Authorization will be as follows:

Annual Authorization	
Non-Profit 1-25 Participants	\$200
Non-Profit 25+ Participants	\$400
For-Profit 1-25 Participants	\$250
For-Profit 25+ Participants	\$500

One Time Use Authorization	
Non-Profit 1-25 Participants	\$100
Non-Profit 25+ Participants	\$200
For-Profit 1-25 Participants	\$125
For-Profit 25+ Participants	\$250

Operator Name: _____

Operator Organization (If Applicable): _____

Operator Organization Non-Profit: YES NO

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Cell: _____ Email: _____

Do you plan to charge a fee or collect donations for the services provided? YES NO

(If no, please call 614-645-3345 to obtain a Special Activity Permit)

Applying for: Single Use Authorization Multi-use / Yearly Authorization

Maximum number of participants per occurrence: _____

(Groups of more than 25 must schedule each activity with CRPD to avoid conflicts with other events/activities)

Describe the type of service being offered:

List the desired park/s including specific locations for each park:

First date of service provided: _____

Last date of service provided: _____

List the anticipated frequency of use (Daily, Weekly, Monthly, Etc.): _____

Describe any and all industry standard certifications (attach related materials as needed):

Provide safety / first-aid plan (attach related materials as needed):

Provide inclement weather plan (attach related materials as needed):

Conditions for Authorization:

All health and wellness services provided by the operator under this authorization shall be conducted solely at their own risk. The operator will take proper safeguards to prevent any and all injuries or damage to property of the Department. Operator shall be responsible for any damages or injury occurring on or relating to the properties from the operations under this authorization. The operator will assume, pay and at all times indemnify, protect and save harmless the City of Columbus, the Department of Recreation and Parks, or its agents and employees, from and against any and all claims, actions, damages, liability and expense arising from the activities in connection with its operation or occasioned wholly or in part by any act or omission of the operator, its agents, contractors, employees or servants.

If the operator fails to maintain in full force and effect the terms of this agreement, then and in any such cases, immediately or at any time thereafter, the Department shall have the right to declare this authorization to be terminated. The Department also reserves the right to object to any and all operations, practices or activities of the applicant that in its sole opinion are unsafe, inappropriate, discriminate because of race, religion, color, sex or national origin, or are contrary to the mission and philosophy of the Department.

I, the applicant, understand that I am responsible to provide all information necessary to meet the conditions and requirements of the application process and that providing such materials is no guarantee that the proposed activities will be authorized. I further accept responsibility to meet all department deadlines, including proper insurance, to make the proposed activities safe and successful. I verify that I have read and understand this application and the conditions under which my request will be considered.

Applicant/Operator Signature: _____ Date: _____

Applicant/Operator Name (print): _____ Date: _____

*Upon approval of this authorization from the Recreation and Parks Department, you have the option to have your information listed on our website as an "Approved Service Provider". If you would like to have your information listed on the Recreation and Parks website, please list how you would like your information listed below:

Company Name: _____

Brief Description of Services Provided: _____

Website: _____

Phone Number: _____