

DUSTIN HUGUENIN  
Parks and Recreation Director  
MARY BARTLEY  
Assistant Recreation Director

STATE OF CONNECTICUT – COUNTY OF TOLLAND  
INCORPORATED 1786



# TOWN OF ELLINGTON

## PARKS & RECREATION DEPARTMENT

31 ARBOR WAY – P.O. BOX 187  
ELLINGTON, CONNECTICUT 06029-0187  
parkrec.ellington-ct.gov

Tel: 860-870-3118  
Fax: 860-870-3198  
recreationstaff@ellington-ct.gov

### Robert Tedford Memorial Park Pavilion Rental Policies & Procedures

- Available for rental during summer months when school is not in session.
- A completed application form must be submitted to the Recreation Office two weeks prior to your event. The person listed on this form will be the main contact person for the reservation.
- Requests will be reviewed on a first-come first-serve basis, and approval will be contingent upon completion of all listed requirements, and the determination of available space.
- Rental of the Pavilion is available in a 3-hour block. The park closes at dusk and no alcohol consumption is allowed.
- Full payment is due once your application has been approved. Prior to the event arrangements will be made to secure a key for access to the Pavilion restrooms. The key must be returned to the recreation office by the next scheduled work day.

### Responsibilities of Renter

- Responsible renter must be a minimum of 21 years of age.
- Person responsible for activity must be in attendance.
- It is understood that use of the facility by the applicant is subject to any or all of the conditions listed on the reverse side of this form.
- An application will not be approved until all public safety ordinances/statutes are adhered to.
- If a maintenance emergency occurs that requires assistance please contact the police department (860-875-1522). They will notify either the recreation department or public works department. Please make periodic checks for water leaks, vandalism or unusual situations during the time frame the facility is being used by your organization.

### FEE SCHEDULE

Non-profit organization in Ellington	\$ 20.00
Resident private function	\$ 25.00
Non-Resident private function	\$ 50.00
Ellington Business	\$ 50.00
Out-of-Town Business	\$250.00

**Security Deposit: \$100 deposit payable by check upon application and refundable after satisfactory inspection and return of key.**

02/27/2024

**CONDITIONS FOR USE OF THE ROBERT TEDFORD MEMORIAL PARK**  
**INCLUDING PAVILION**

IT IS UNDERSTOOD THAT USE OF THE FACILITY AND EQUIPMENT BY THE APPLICANT IS SUBJECT TO ANY OR ALL OF THE FOLLOWING CONDITIONS.

1. Liability Insurance coverage may be required depending on the activity, and shall be determined upon receipt of application.
2. The Ellington Police Department and Board of Selectmen will be notified by the applicant if more than 100 people are expected. A Notice of Proposed Outside Public Assembly Form must be filed with the Recreation Department at least sixteen (16) days prior to the event. Costs incurred for required security is to be assumed by applicant.
3. **NO** activity shall be allowed to charge a gate admission.
4. There must be no alterations, changes or additions to electrical system.
5. Youth groups will not be allowed to use the facility until the adult supervisor is present.
6. Should damage be incurred during the use of the facility, a **WRITTEN REPORT MUST BE FILED** with the Recreation Department by the responsible person identified on this application, **WITHIN 24 HOURS.**
7. All rental fees must be received at the Recreation Department no later than two weeks prior to the scheduled use date.
8. Applicants must comply with all Town regulations, including public safety rules. No alcohol or illegal substances are allowed on Town property. No dogs are allowed in Town parks where posted.
9. Receptacles will be provided for disposal of trash/recycle, and you are expected to keep the facility free of litter.
10. No open fires (except in fireplaces and grilles), No flammable or combustible liquids (except charcoal lighter fluid), No electrical generators, No LP gas (except 20# tanks connected to portable grilles), No fireworks and No explosives may be stored or used on the premises without prior written approval of the Fire Marshal.
11. Failure to comply with the conditions stated above may result in additional charges and the disapproval of further applications by your group.
12. Any private athletic organization making use of TEDFORD PARK may apply to the Parks and Recreation Commission for a waiver regarding the fee schedule.

THE TOWN OF ELLINGTON DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, PHYSICAL HANDICAP, RELIGION OR NATIONAL ORIGIN



# APPLICATION FOR USE OF ROBERT TEDFORD MEMORIAL PARK PAVILION

(Available for rental during summer months when school is not in session)

PLEASE COMPLETE APPLICATION AND RETURN TO THE ELLINGTON RECREATION DEPARTMENT,  
31 Arbor Way, P. O. Box 187, ELLINGTON, CT 06029. TELEPHONE: (860) 870-3118

DATE OF APPLICATION \_\_\_\_\_

APPLICANT/ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

PERSON RESPONSIBLE FOR ACTIVITY \_\_\_\_\_

ADDRESS/PHONE (if different from above) \_\_\_\_\_

DATE TO BE USED \_\_\_\_\_ NUMBER OF PEOPLE EXPECTED \_\_\_\_\_

TYPE OF EVENT OR ACTIVITY: (picnic, birthday party, reunion, etc.) \_\_\_\_\_

TIMES: ACTIVITY STARTS AT \_\_\_\_\_ ENDS AT \_\_\_\_\_ (3-hour block limit)

### SPECIAL STIPULATIONS (IF REQUIRED)

LIABILITY INSURANCE REQUIRED \_\_\_\_\_ LIMITS \$ \_\_\_\_\_

### REQUESTED FACILITY USE

PAVILION (space under Pavilion including picnic tables)       RESTROOMS

PLEASE READ AND SIGN WAIVER:

By signing this I certify that I have read and understand the Town of Ellington, Robert Tedford Memorial Park Pavilion rental policies and procedures, and that as the undersigned, here in after referred to as the lessee, in leasing or requesting the use of the Tedford Park Pavilion, agrees that he/she or it will indemnify and save Harmless the Town of Ellington and its department staff, commission members, named as co-defendant in any claim or suit, on account of any and all claims, damages, losses, workers' compensation payments, judgments, litigation expenses and counsel fees arising out of injuries to the person (including death) sustained by or alleged to have been sustained by the department staff or commission members or agents of the Town of Ellington, or by any officers, agents, staff or servants of the lessee or by any participant or spectator, or arising out of damage to property real or personal alleged to have been caused in whole or in part by acts or omissions of the lessee or any participant or spectator anyone directly or indirectly employed or working for the lessee, including volunteers, in connection with the lease or use of the Tedford Park Pavilion. The lessee further undertakes to reimburse the Town of Ellington for any damage to its real or personal property occurring in connection with the lease or use of the Tedford Park Pavilion by lessee unless the damage is caused by the Town of Ellington.

Signed By:

\_\_\_\_\_

Lessee or User

\_\_\_\_\_

Date

**DEPARTMENT USE ONLY**

**FEES:**

<input type="checkbox"/> Non-profit organization in Ellington	\$20.00
<input type="checkbox"/> Resident private function	\$25.00
<input type="checkbox"/> Non-Resident private function	\$50.00
<input type="checkbox"/> Ellington Business	\$50.00
<input type="checkbox"/> Out-of-Town Business	\$250.00

FEE PAID \$ \_\_\_\_\_ CASH/CK# \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

REFUNDABLE DEPOSIT: \$ \_\_\_\_\_ CHECK# \_\_\_\_\_ DEPOSIT RETURNED: \_\_\_\_\_

APPROVED:  YES  NO DATE: \_\_\_\_\_

**REQUIRED DEPARTMENT APPROVAL**

\_\_\_\_\_ RECREATION DIRECTOR or DESIGNEE

KEY SIGN – OUT _____	DATE _____	BY _____
KEY RETURN _____	DATE _____	BY _____