

**KATHY HOCHUL**  
Governor

**Randy Simons**  
Commissioner *Pro Tempore*

**LINDA G. COOPER**  
Regional Director

## 2024-25 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 Parking Fee:** 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: ***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.

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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:**

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

**September** 7/8, 14/15, 21/22, 28/29      **October** 6, 12/13, 19/20, 26/27      **November** 2/3, 10

*Teams must finish by **2:00 pm** Wednesday – Saturdays on the following dates in October:*

October 16, 17, 18, 19 AND 23, 24, 25, 26

**BLACKOUT DAYS – NO running teams or clubs or groups at any time or location**

- September 15 / October 5 / November 9
- Other weekends in August and mid-November through December – **teams must finish by 11 am.**

**\*Note:** The Hunter Pace event typically occurs in November on a Saturday or Sunday. We currently do not know the date. We will send out a notice as soon as this information becomes available.

**PLEASE PROCEED TO FILL OUT THE APPLICATION.**

**Thank you.**



## 2024-25 SCHOOL & GROUP RUNNING PERMIT APPLICATION

**This permit runs from August 2024 through July 2025.**

*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		Grade/Age Group		Total Group Size	
Address		State	Zip		
Phone	Fax	Email			

### CONTACT INFORMATION

<b>Primary Contact</b>		Title	
Phone #	E-Mail		
<b>Secondary Contact</b>		Title	
Phone #	E-Mail		
<b>Emergency Contact</b>		Title	
Phone #	E-Mail		
<b>Athletic Director / Coach</b>		Title	
Phone #	E-Mail		

### FOR OFFICE USE ONLY

Application Date		Expiration Date		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 <i>(no larger than 4 per group)</i>	
Points where you generally access & exit the carriage paths			
List preferred paths			
Notes / Comments			



## CALENDAR

**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
				<b>AUG 1</b>	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
<b>SEP 1</b>	2 <b>LABOR DAY</b>	3	4	5	6	7 <b>OUT BY 9:30am</b>
8 <b>OUT BY 9:30am</b>	9	10	11	12	13	14 <b>OUT BY 9:30am</b>
<b>15 - BLACKOUT</b> Girl Scout Event	16	17	18	19	20	21 <b>OUT BY 9:30am</b>
22 <b>OUT BY 9:30am</b> Abilities Day Event	23	24	25	26	27	28 <b>OUT BY 9:30am</b>
29 <b>OUT BY 9:30am</b> Abilities Day Event (postponed date)	30	Oct 1	2	3	4	5 <b>BLACKOUT</b> FRSPP Rocky's 5K
6 <b>OUT BY 9:30am</b>	7	8	9	10	11	12 <b>OUT BY 9:30am</b>
13 <b>OUT BY 9:30am</b>	14 <b>COLUMBUS DAY</b>	15	16 <b>OUT BY 2:00pm</b> <b>HULDA'S NIGHT</b>	17 <b>OUT BY 2:00pm</b> <b>HULDA'S NIGHT</b>	18 <b>OUT BY 2:00pm</b> <b>HULDA'S NIGHT</b>	19 <b>OUT BY 2:00pm</b> <b>HULDA'S NIGHT</b>
20 <b>OUT BY 9:30am</b>	21	22	23 <b>OUT BY 2:00pm</b> <b>HULDA'S NIGHT</b>	24 <b>OUT BY 2:00pm</b> <b>HULDA'S NIGHT</b>	25 <b>OUT BY 2:00pm</b> <b>HULDA'S NIGHT</b>	26 <b>OUT BY 9:30am</b> <b>HULDA'S NIGHT</b>
27 <b>OUT BY 9:30am</b>	28	29	30	31	<b>NOV 1</b>	2 <b>OUT BY 9:30am</b>
3 <b>OUT BY 9:30am</b>	4	5	6	7	8	9 <b>BLACKOUT</b> FRSPP Pocantico Hills Marathon & Half
10	11 <b>VETERAN'S DAY</b>	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28 <b>THANKSGIVING</b>	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: \_\_\_\_\_ Date: \_\_\_\_\_  
Coach/Athletic Director

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




<b>ACORD</b> 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.	
<b>INSURERS AFFORDING COVERAGE</b>		
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
	<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 \$ FIRE DAMAGE (Any one fire) \$ 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) \$
	<b>GARAGE</b> <input type="checkbox"/> ANY				
	<b>EXCESS</b> <input type="checkbox"/> OCC <input type="checkbox"/> DED <input type="checkbox"/> RET				
	<b>WORKER EMPLOYEE</b>				E.L. DISEASE - EA EMPLOYED \$ E.L. DISEASE - POLICY LIMIT \$
	<b>OTHER</b>				

SAMPLE FORM

- Insurance Requirements:**
- PERMITTEE shall provide the **ACORD 25 Certificate of Insurance**
  - The certificate should be made out to **NYS Parks, Recreation, and Historic Preservation, 625 Broadway Albany, NY 12207**
  - Additional Insured stated as follows: **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.**

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.

<b>CERTIFICATE HOLDER</b>	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b>
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