



NYS Office of Parks, Recreation, & Historic Preservation

# Park Pavilion Rental Information

John Boyd Thacher State Park

## Contact Information

John Boyd Thacher Visitor Center

**830 Thacher Park Road, Voorheesville, NY 12186**

*(518) 872-1237*

### **Office Hours:**

On-season: 9am – 5pm; 7 days a week

Off-season: 9am – 4:30pm; 7 days a week

## The Types of Venues

- All rentals of pavilions are from **8am – Sunset**. We do not have hourly or half-day reservations.
- **Tent:** Reserves the 20'x20' tent with picnic tables underneath and adjacent grill.
- **Standard Pavilion:** Reserves the pavilion with picnic tables underneath, adjacent grill, and fire pit (*if available*).
- **All-Inclusive Areas:** Reserves the pavilion with all picnic tables, grills, fire pits, horseshoe pits, volleyball court, grass areas, parking lot(s), and bathroom(s). (*Each venue has different amenities that are available*)

Table 1: Pavilion and Shelter Details

Shelter Name	Venue Cost	Max. Capacity	Parking	Power	Activities	Bathroom Dist. (Walk)	Handicap Accessible	Frequent Events
<b>Tents</b>								
Hailes Cave Tent	\$ 75	40	20	No	H, D	5 minutes		B, R, C
Horseshoe Tent	\$ 75	40	30	No	D, F	5 minutes		B, R, C
Hop Field Tent	\$ 75	40	45	No	T	2 minutes	Yes	B, R, C
<b>Standard Pavilions</b>								
Hailes Cave	\$ 150	150	63	Yes	E, H, V, D, F, T	0.5 minutes	Yes	W, G, B, R, C
Horseshoe I	\$ 100	75	45	No	E, H, V, F	5 minutes	Yes	B, R, C
Horseshoe II	\$ 150	120	78	Yes	E, H, V, P, Z, F	1 minute	Yes	W, G, B, R, C
Pear Orchard	\$ 150	150	192	Yes	H, V, D, P	2 minutes	Yes	G, B, R
Paint Mine	\$ 150	150	48 & 54	Yes	H, T	0.5 minutes	Yes	G, B, R, C
<b>All-Inclusive Areas</b>								
Knowles Flat	\$ 250	75 (150)	56	Yes	H, V, F, S, T	2 minutes	Yes	G, B, R, C
Glen Doone	\$ 300	75 (200)	78 & 48	Yes	E, H, S	1 minute	Yes	W, B, R, C
Greenhouse	\$ 250	75 (200)	75	Yes	H, V, F, S	0.5 minutes	Yes	G, B, R, C

\*\*Grayed out locations are unavailable for rent this year.

\*\*\*Capacities in "( )" indicates the capacity of the rented area, whereas the first number is the capacity of the pavilion.

Recreation Activity Key			
D	Disc Golf Course	S	Swing Set
E	Escarpment View	T	Hiking Trails
F	Ball Field	V	Volleyball Court
H	Horseshoe Pits	Z	Kid's Zipline
P	Playground		

Frequent Events Key	
B	Birthday
C	Corporate
G	Graduation
R	Reunion
W	Wedding

## New York State Law

- 1) Application packet and 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) The application is **NOT** a reservation permit, it will not guarantee a reservation. A permit will be sent back to you upon approval of the application.
- 4) The permit is not effective until verified and processed by a **Park Administrator** and **available during the event**.
- 5) Damages and proper group conduct are the responsibility of the applicant.

### Hiring Organizations/Vendors

- If you hire any business, you will need to get a **certificate of insurance (Accord 25)** from them with the specific wording on the *"Required Insurance Coverage for Contracted Organizations"* page.
- **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.
- **For DJ Services**, they can set up in reserved areas **only**. **Subwoofers** are not allowed.

## New York State Law (con't.)

### Alcohol Rules

- 1) Permit applicant must be at least 21 years of age (proof of age may be required).
- 2) 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) Any of the following may be cause for revoking the alcohol:
  - a. Damage to property
  - b. Disorderly conduct
  - c. Minors drinking
  - d. Disturbing other patrons

### Refund Policy

- Any event that needs to be cancelled will fall under the following conditions:
  - More than 30 days prior to event, a full refund minus a \$9.00 processing fee will be given.
  - Between 30-10 days prior to event, a 50% refund minus a \$9.00 processing fee will be given.
  - Less than 10 days prior to event, no refund will be given.
- **Weather is not an acceptable reason for a refund.**

### Park & Reservation Rules

- 1) **Carry-In/Carry-Out:** You are required to take your trash out of the park with you.
- 2) **No releasing of any floating objects:** for any event.
- 3) **Do not park on the grass:** Please use designated parking spaces only.
- 4) **\$6 Vehicle Use Fee:** Between May 1<sup>st</sup> and October 31<sup>st</sup>, the park has a \$6 parking fee from 9am-6pm.
- 5) **8am Setup:** is the earliest that you can come to start your event.
- 6) **Music is allowed:** but must be kept at reasonable levels. Staff will let you know.
- 7) **Be courteous to other park patrons:** the park is meant for everyone.
- 8) **Unattended equipment and belongings:** is not the responsibility of NYS Parks.
- 9) **Animals:** are not permitted in enclosed buildings unless they are *Service Animals*.

Figure 2a: Insurance Coverage for Contracted Organizations – NYS OPRHP Saratoga/Capital Parks Region

**-Please make sure that this information is given to ALL vendors that you would like to have at your event-**

1. **ALL CONTRACTED PARTIES MUST NAME AS ADDITIONAL INSURED** the following:
  - The State of New York, NYS OPRHP, and their Officers, Employees, and Agents.**
2. Insurance policies must be issued in the minimum amounts as indicated:
  - a. 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.
  - b. Products Liability Coverage  
\$1,000,000.00 coverage for one person and  
\$2,000,000.00 for more than one person  
**Note:** This insurance is required whenever food or beverage sales are conducted.
  - c. 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).
3. 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 if they will not be changed or canceled until ten (10) days written notice has been given to the People of the State of New York.

**All insurance policies or certificates shall be mailed to the park before the businesses may provide service on park property.**

With a reservation, the applicant is **not** required to provide this insurance. However, if they would like to cover their vendors instead, they may add the vendors as additionally insured and increase their coverage to the above stated values for the event and submit that to the park.

Figure 2b: Acord 25; Certificate of Insurance

		<h2 style="margin: 0;">CERTIFICATE OF LIABILITY INSURANCE</h2>			DATE (MM/DD/YYYY) Month/Date/Year	
<b>PRODUCER</b> Insuree Agent/Broker Name Insuree Agent/Broker Street Address or P.O. Box Insuree Agent/Broker City, State & Zip Code Contact & Phone Number		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>INSURED</b> Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code		<b>INSURERS AFFORDING COVERAGE</b>			<b>NAIC #</b>	
		INSURER A: Name of Insurance Company			Enter NAIC#	
		INSURER B: Name of Insurance Company (if applicable)			Enter NAIC#	
		INSURER C: Name of Insurance Company (if applicable)			Enter NAIC#	
		INSURER D: Name of Insurance Company (if applicable)			Enter NAIC#	
		INSURER E: Name of Insurance Company (if applicable)			Enter NAIC#	
<b>COVERAGES</b> 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 LTR	ADDT INSRCD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$N/A PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/PROP AGG \$1,000,000 \$
A	<input type="checkbox"/>	<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 <input type="checkbox"/> _____	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Occurrence) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/>	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A	<input type="checkbox"/>	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURRENCE \$1,000,000 AGGREGATE \$2,000,000 \$ \$
A	<input type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETARY OR EXECUTIVE OFFICER/EMPLOYEE EXCLUSIONS: If yes, describe under SPECIAL PROVISIONS	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<input type="checkbox"/>	<b>OTHER</b>				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS <div style="border: 1px solid red; padding: 2px;">                     The State of New York, OPRHP, and their officers, employees, and agents                 </div>						
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>		
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 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		