

Entity Name:	Effective Date:
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RECREATIONAL ACTIVITIES

1. Does the Entity have a regular inspection / maintenance program for all facilities and equipment (parks, playgrounds, equipment, buildings, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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2. How often:

3. Are all regular inspections and corrective actions documented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Organized Activities:

4. Complete the following:

Activity (Ex: Baseball, Football)	No. of Participants		Supervision		Are waiver, release and/or consent forms secured for all participants?	Are transportation services provided
	Youth	Adult	Entity	Other		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Do any participants provide their own insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<u>Parks and Playgrounds:</u>		
6. Is any playground equipments present on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, does the playground equipments and surface meet Consumer Product Safety Commission (CPSC) standard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>Ice Skating:</u>		
7. Location:	If Outdoor:	
8. Are Warning signs posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Is there a procedure in place for checking ice thickness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<u>SKI FACILITY</u>		
1. Description of operation:		
2. Is the operation run by:	<input type="checkbox"/> Entity	<input type="checkbox"/> Subcontractor
3. If run by a subcontractor, are certificates of insurance obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is the subcontractor required to carry insurance limits at least equal to the insureds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you named as an additional insured under the subcontractors policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are hold-harmless agreements required from subcontractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Is a signed waiver of injury required from all users?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Is there an equipment maintenance program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Is the facility supervised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<u>GOLF COURSE</u>	
1. Is the premises maintained by the public entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If maintained by a subcontractor, are certificates of insurance obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Number of holes: <input type="checkbox"/> 18 <input type="checkbox"/> 9 <input type="checkbox"/> Other:	
4. Are chemicals used for spraying the golf course EPA approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are food and beverages sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Sales: Food: \$ Non-alcohol: \$ Alcohol: \$	
6. Is cooking done on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are tournaments held at this course?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<u>FITNESS CENTER</u>	
1. Description of operation:	
2. Is the operation run by:	<input type="checkbox"/> Entity <input type="checkbox"/> Subcontractor:
3. If run by a subcontractor, are certificates of insurance obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the subcontractor required to carry insurance limits at least equal to the insureds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you named as an additional insured under the subcontractors policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are hold-harmless agreements required from subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is a signed waiver of injury required from all users?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is there an equipment maintenance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is the facility supervised?	<input type="checkbox"/> Yes <input type="checkbox"/> No

