



Torrey Pines State Natural Reserve

**GROUP RESERVATION REQUEST**

Name of College or Group

Requested Date

Number of People

Alternate Dates (if 1st choice is unavailable)

Arrive by  Bus/Van

Car

Leader's Name

Arrival Time

Departure Time

Leaders's Email

Purpose of Visit

Leader's Cell Phone

The above-named group is under my direction and will obey all Reserve rules and regulations. I acknowledge that failure to follow these terms may result in termination of my group's visit to Torrey Pines SNR.

Signature

Date

Please submit this form and insurance verification at least 3 weeks in advance of your proposed visit. Payment (\$100 weekday/\$150 weekend) may be made at the same time or after confirmation of an approved date.

Applications processed in the order received. Parking pass(es) for 1 van or 3 cars will be available at the entrance kiosk. No photocopied passes will be accepted. Parking space availability is not guaranteed.

**To pay by check:**

Make check payable to  
Torrey Pines Docent Society.

Mail check, application, and insurance forms to:

TPSNR Group Visits  
12600 North Torrey Pines Rd  
San Diego, CA 92037.

**To pay using PayPal:**

Go to: <http://www.torreypine.org/misc/donations.html>  
and click on donate.

Email application and insurance forms to  
torreypines@parks.ca.gov

or fax to  
(858) 509-0981

Please note: groups without reservations will be asked to leave the Reserve immediately and may be cited. The Reserve limits visitors to protect natural resources and for the safety of all trail users.

***TPSNR use only below line***

*Received*

*Notes*

*Payment*

*Insurance*

## APPLICATION INSTRUCTIONS

Submit the attached group reservation form and insurance verification at least 3 weeks in advance of your proposed visit.

A certificate of insurance is required for group visits. The State of California must be named as “Additional Insured” on a policy of liability insurance that will cover the period of the permit in an amount not less than the following: Combined single limit (CSL) \$1,000,000 per occurrence. The policy must contain the following special endorsement:

*State of California, its officers, employees, and servants are included as additional insured but only insofar as operations under this contract or permit are concerned.*

*The insurer will not cancel or reduce the insured’s coverage during the period that this permit is in effect or without 30 days prior written notice, whichever is shorter, to the State.*

Permit and facility use fees may be paid with the application or after confirmation of an approved date. Current fees are \$100 for a weekday or \$150 for a weekend permit. Group permits will be limited due to the Reserve’s sensitivity to natural resource protection and limited carry capacity.

Applications processed in the order received. Approved groups will receive parking pass(es) for 1 van or 3 cars at the entrance kiosk. No photocopied passes will be accepted. Additional vehicles must pay day use parking fees. Parking space availability is not guaranteed.

## INFORMATION FOR ALL GROUPS

We hope you’re looking forward to visiting Torrey Pines State Natural Reserve. Torrey Pines is one of only 14 Natural Reserves among California’s 278 State Parks. A special place deserves special consideration. Our primary mission is to protect the animals and rare plants found here; humans are guests in nature’s home.

Please **stay on the marked, wide trails**. Cutting across switchbacks and going into closed areas causes erosion and damages native plants. Split up into smaller groups of 12 or fewer while hiking to make the experience more enjoyable for yourselves, our other visitors, and the animals who live here.

To keep our animals wild and the Reserve trash-free, there is **no food and no smoking** in the upper Reserve; all snacks and lunch must be eaten at the Beach level. There are picnic tables available next to the Beach parking lot. Please leave lunches or snacks in backpacks until you reach the beach level. Do not feed the animals.

Everything in the Reserve is protected; **do not pick or collect anything**. Pinecones and flowers must be left to produce seed to grow new plants and as food for animals. **No dogs** allowed (except *working* service animals).

The **Visitor Center Museum** offers exhibits on the natural and cultural history and is staffed by knowledgeable docents who can answer many questions about the area and trails. Because the Museum is small, please bring no more than 20 people in at once.

If you plan a beach walk, please **check the tide table** first. During high tides, there may not be enough room to walk safely between the cliffs and the ocean. Always keep away from the bottom of the cliffs: rock slides can occur at any time.

**Restrooms** are available at the Beach level entrance and in the west parking lot at the top level, across the street from the Visitor Center. Water fountains are available at the Visitor Center, the restrooms, and on the Guy Fleming Trail.

Drive carefully on our road which is popular with cyclists. Observe the **15 mph speed limit**. Walk or run on the dirt shoulders of the road, not on the pavement.

**CERTIFICATE OF INSURANCE  
FOR CONCESSION CONTRACTS/SPECIAL EVENTS**

ISSUE DATE

INSURER	CO. NO.	<b>COMPANIES AFFORDING COVERAGE</b>
	1	
	2	
INSURED	3	

**SPECIAL ENDORSEMENTS AND CONDITIONS:**

1. State of California, its officers, agents, employees, and servants are included as additional insured but only as operations under this contract or permit are concerned;
2. The insurer will not cancel or reduce the insured's coverage without 30 days prior written notice to State;
3. Property damage or fire damage payments made under this/these policies shall be used to repair or rebuild the insured premises, and if not so used, such payments shall be made to the State. The proceeds of any such insurance payable to the State shall, at the discretion of the State, be used for rebuilding or repairs necessary to restore the premises.
4. Upon request, insurer shall furnish State a certified copy of the policy within fifteen days.

CO. NO.	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. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. _____				GENERAL AGGREGATE	\$
					PRODUCTS-COMP/OP AGG.	\$
					PERSONAL & ADV. INJURY	\$
					EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MED. EXPENSE (Any one person)	\$
	<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"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
					AGGREGATE	\$
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY LIMITS	
					EACH ACCIDENT	\$
					DISEASE-POLICY LIMIT	\$
					DISEASE-EACH EMPLOYEE	\$
	<b>OTHER</b>					

*This certificate or verification of insurance is not an insurance policy and does not amend or alter the existing policies.*

*This is to certify that the insurance and endorsements described above, are in force with named insurer for period and limits shown on behalf of the named concessionaire or permittee.*

<b>CERTIFICATE HOLDER</b>	<b>AUTHORIZED REPRESENTATIVE</b>	<b>DATE</b>
		