

TOWN OF STUYVESANT USE OF FACILITIES DOCUMENT

**5 SUNSET DRIVE PO BOX 250
STUYVESANT NY 12173**

APPLICATION FOR USE OF COMMUNITY FACILITIES

Today's Date: _____ Date(s) Requested: _____

Facility Requested: _____

INFORMATION ABOUT YOUR GROUP

Name of Organization or Individual: _____

Time: _____ to _____. Your supervisor in charge: _____

Mailing Address: _____

Telephone: (Day) _____ (Night) _____

INFORMATION ABOUT YOUR INTENDED USE OF MUNICIPAL FACILITIES

Purpose of Use: _____

Total Participants Expected: _____ Adults: _____ Children: _____

Is material or equipment required from municipality? Yes _____ No _____

If needed, state what types and for what purpose: _____

Residents (Number): _____ Non-Residents (Number): _____

Is an admission fee charged? Yes _____ No _____

If so, what will proceeds be used for? _____

AGREEMENT

The undersigned is over 21 years of age and has read this form and attached regulations and agrees to comply with them. He/she agrees to be responsible to the municipality for the use and care of the facilities. He/she, on behalf of _____ does hereby covenant and agree to defend, indemnify and hold harmless the Town of Stuyvesant from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of Town of Stuyvesant property, facilities and/or services by _____.

Signature of Organization's
Representative

Address: _____
Telephone Number: _____

READ ATTACHED REQUIREMENTS AND RETURN APPLICATION TO:

**TOWN OF STUYVESANT
ATTENTION: Supervisor Ron Knott
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FACILITY USE REQUIREMENTS

1. All posted rules must be adhered to.
2. Profanity, objectionable language, disorderly acts or illegal activities of any kind are absolutely prohibited, and those violating this prohibition will be ejected from the premises.
3. Any damage to municipal facilities shall be promptly repaired at the user's expense. No exceptions. If maintenance personnel are not available, make sure all doors are locked and lights are turned out when leaving.
4. Organizations using the facilities must clean-up afterwards.
5. Any organization with youth under 18 years old requires the presence of adequate adult supervision at all times.
6. When required, users must provide the following insurance prior to using facilities.

FAILURE TO DO SO PRIOR TO USE WILL RESULT IN REVOCATION OF YOUR PERMIT:

Commercial Users:

- A. The user hereby agrees to effectuate the naming of the municipality as an unrestricted additional insured on the user's policy.
- B. The policy naming the municipality as an additional insured shall:
 - be an insurance policy from an A.M. Best rated "secured" New York State licensed insurer;
 - contain a 30 day notice of cancellation;
 - state that the organization's coverage shall be primary coverage for the Municipality, its Board, employees and volunteers; and
 - additional insured status shall be provided with ISO endorsement CG 2026 or its equivalent.
- C. The user agrees to indemnify the municipality for any applicable deductibles.
- D. Enclose a copy of the endorsement providing additional insured status.
- E. Required Insurance:
 - **Commercial General Liability Insurance**
\$1,000,000 per occurrence/ \$2,000,000 aggregate.
- F. User acknowledges that failure to obtain such insurance on behalf of the municipality constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the municipality. The user is to provide the municipality with a certificate of insurance, evidencing the above requirements have been met. The failure of the municipality to object to the contents of the certificate or the absence of it shall not be deemed a waiver of any and all rights held by the municipality.

Individuals:

Required Insurance:

- **Homeowners Insurance**
Section Two – Liability: \$100,000 limit of liability. Policy shall not exclude the off-premises activities of the insured.