

Town of Allegany 4th & Maple Gym Rental

<i>Town of Allegany</i>	_____	<i>Amount Pd.</i>
<i>4th & Maple Gym</i>	_____	<i>Date Pd.</i>
<i>Recreation Center</i>	_____	<i>Receipt #</i>

Organization / Group: _____

Purpose of Gym use: _____

Single Day Use Request: Date: _____

Multiple Days Use Request: Dates: _____

Time of Day - From : _____ To: _____

Estimated # of Participants: _____

Fee: \$40/hr Unsupervised, \$50/hr Supervised

For unsupervised usage a certificate of insurance is required per the following*

List Person(s) in charge of your group activities.

NAME:

ADDRESS

PHONE NUMBER:

Please Make Checks Payable to: Town of Allegany

Address: Town of Allegany, 52 W. Main St., Allegany, NY 14706

Birthday Party Days and Times Available:

- Saturdays mid-September to mid-June
- Party times available are 1:00pm to 3:00pm or 4:00pm to 6:00pm
 - longer parties are available upon request
- Parties cannot start earlier than noon and can end no later than 8:00pm

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SIGNED AGREEMENT:

I hereby agree to have the said Organization/Group repair or replace any damages incurred by the persons of this Organization/Group. Furthermore, the Organization/Group is expected to clean the facility after usage. The Allegany Recreation Department has the right to cancel, postpone or reschedule this request at any time. If in the judgment of the Town of Allegany personnel the facility is being misused, the usage may be terminated at any time.

On behalf of _____ (Organization/Group) we hereby, unconditionally agree to abide by these terms as established by the Town of Allegany. The signature below verifies that the responsible person in charge understand and agree to abide by these conditions on behalf of who they represent.

Name:

Date:

* Organizations/Groups not supervised by the Town must provide the following insurance **PRIOR** to using the facilities. **Failure to do so prior to scheduled use will result in not being allowed to utilize the facility:**

1. The user hereby agrees to effectuate the naming of the Township as an unrestricted additional insured on users' policy.
2. The policy naming the Town of Allegany as an additional insured shall:
 - a. Be an insurance policy from an A.M. Best rated secured New York State licensed insurer.
 - b. Contain a 30-day notice of cancellation (unless policy is for a special event and is written to cover only the term (length) of the event.
 - c. State the organizations coverage shall be primary, and non- contributory coverage for the township, its board, and its employees.
 - d. At the townships request, the organization shall provide a copy of the policies declaration page along with a copy of the policies forms & endorsements.
3. The user agrees to indemnify the township for any applicable deductibles and self-insured retentions.
4. Required Insurance:

Commercial General Liability Insurance \$1,000,000 per occurrence/\$2,000,000 aggregate, with coverage for athletic participants (if applicable).
5. User acknowledges that failure to obtain such insurance on behalf of the township constitutes a material breach of the user agreement and subjects it to liability for damages, indemnification, and all other legal remedies available to the district. **The user is to provide the township with a certificate of insurance, evidencing the above requirements have been met.** The failure of the township to object to object to the contents of the certificate or the absences of same shall not be deemed a waiver of any and all rights held by the township.