

Town of Plattsburgh Parks & Recreation Park Use Policy

- All organized groups/parties must submit a park use request online or by phone, if needed at www.townofplattsburghrecreation.com
- Under no circumstances will organized groups be allowed to use Town parks without a signed contract. All requests are subject to final review by the Parks & Recreation Department.
- To qualify as a “Resident” and receive the corresponding rate, the renter must reside in the Town of Plattsburgh.

Buildings

Park buildings are available to rent for family & friends’ type functions such as showers, birthday parties, family dinners, etc. See *rate schedule below*.

- **Functions that promote and/or sell products, services, etc., charge fees to enter, or exchange money in any way are prohibited.**
- Meetings - Buildings may be reserved by nonprofit groups for meetings during the week (Monday-Thursday) as available at no charge. If a nonprofit group request to use a building on the weekend (Friday-Sunday), regular rental rates may be applied. Groups using the buildings for regular meetings must sign a contract, provided by the Parks & Recreation Department, annually.

	Park Buildings		
	May Currier	East Morrisonville & Treadwell Mills	All other park buildings
	Capacity-50 Has kitchen	Capacity-25 Has kitchen	Capacity-25
	10 tables & 50 chairs	4 tables & 25 chairs	4 tables & 25 chairs
Resident fee	\$80.00	\$70.00	\$60.00
Non-resident fee	\$100.00	\$90.00	\$80.00

Rentals are for one day which is from 8:00am – 10:00pm on the day rented. Reservations may be made on the Parks & Recreation website or over the phone. The reservation will be held for one week to give the renter time to pay online or pay at the Town Clerk’s Office. The renter will pay the rental fee and sign the rental agreement at time of payment. If payment is not received within one week, the reservation will be cancelled.

Sport Fields

Fields are available to rent for organized team practices.

- **Must provide Certificate of Liability Insurance with park use request. See attached requirements.**
- **Fee may be waived if an organization volunteers to assist with park projects or cleanups.**
- **Must submit team roster with each participants home address, if applying for lesser fee.**
- **Sports field fees are per season.**

	Sport Fields		
	Field Fee	Soccer Lining Fee	Baseball/Softball Lining Fee
50% or more residents fee	\$50	\$100	\$25
Less than 50% residents fee	\$100	\$100	\$25

Tournaments/Events

- **Must provide Certificate of Liability Insurance with park use request. See attached requirements.**
- **Fee may be waived if an organization volunteers to assist with park projects or cleanups.**
- **Tournament/Event fees are per day.**
- **A fundraiser will be defined as an event where fees are being charged to participate, and the revenue will be donated to an organization that is qualified as a 501C3 or a person/family in need.**
- **A non-fundraiser will be defined as an event where fees are being charged to participants, but revenue is not being donated.**

	Tournaments/Events
	All Parks
Fundraiser	\$25
Non-Fundraiser	\$50

Application for use of Town of Plattsburgh Parks



Return Application to:
Attention Melanie Defayette
Town of Plattsburgh Parks & Recreation
151 Banker Road
Plattsburgh, NY 12901

Phone: 518-562-6860
Fax: 518-562-6859

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

Park Requested: _____

Name of Organization or Individual: _____

Organization's person in charge at facility: _____

Mailing Address: _____

Telephone: _____

Email: _____

Purpose of Use: _____

Estimated Number of Participants: _____ Adults _____ Children

Are materials or equipment required from the Municipality: Yes _____ No _____

If yes, please state what types and for what purpose: _____

If requesting a field, do you need it lined? Yes _____ No _____

Is an admission fee being charged? Yes _____ No _____

If yes, what will the 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 Plattsburgh 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 the Town of Plattsburgh's property or facilities.

Signature of Organization's Representative

Approved by: _____

Date: _____

Printed Name

Facility Use Requirements

The use of all Parks & Recreation facilities shall be subject to the approval and rules of the Parks & Recreation Department administered by the Director.

1. In the event of inclement weather, the Director or designee has the final authority on whether facilities are usable.
2. **Alcohol and/or tobacco/e-cigarette products shall not be brought onto municipal facilities at any time.**
3. All posted rules in the park and building must be adhered to.
4. 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.
5. Organizations are required to clean up after use. They must also lock all doors and windows, as well as turn off all lights, before leaving the premises.
6. Any damage to municipal facilities shall be promptly repaired at the user's expense, with NO exceptions.
7. Permits may be revoked at any time.
8. Any organization with youth under 18 years old requires the presence of adequate adult supervision at all times.
9. The fee for use will be determined per the Park Usage Policy and payable before use begins.
10. A public telephone is located in the Park Recreation Building. The emergency telephone number for police is: 911. The appropriate authority must be contacted in the event of an emergency.
11. Users must provide an insurance certificate prior to use. This information can be found on page 2.

Have your Insurance Company or Agent submit a certificate of liability insurance with the following requirements:

- The Insurance Company must be admitted to do business in N.Y.S.
- The Insured Name on the certificate must be identical to the Legal Entity name listed on the exhibit contract.
- Policy Number
- Policy period must cover the dates of the contract period.
- The user will name the Town as unrestricted additional insured on the user's policy, which will include:
 - Minimum insurance limits, including \$1,000,000 each occurrence/ \$2,000,000 general aggregate in US Dollars.
 - a notice of cancellation
 - state that the organization's coverage shall be primary coverage for the Town, its Board, employees and volunteers; and
 - Additional insured status shall be provided to the Town with ISO endorsement CG 2026 or its equivalent.
- The user agrees to indemnify the Town for any applicable deductibles.
- User acknowledges that failure to obtain such insurance on behalf of the Town constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the Town. The user is to provide the Town with a certificate of insurance, evidencing the above requirements have been met. The failure of the Town 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 Town.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:		FAX (A/C, No):
	PHONE (A/C, No, Ext):		
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		
	INSURER A :		NAIC #
	INSURER B :		
INSURED	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO <input type="checkbox"/>						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS <input type="checkbox"/>						BODILY INJURY (Per accident) \$
	HIRED AUTOS <input type="checkbox"/>						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS <input type="checkbox"/>						
	NON-OWNED AUTOS <input type="checkbox"/>						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/>	Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The Town of Plattsburgh, its officers, officials, employees, and volunteers are Additional Insured as required by written agreement.

CERTIFICATE HOLDER

Town of Plattsburgh
151 Banker Road
Plattsburgh, NY 12901

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE