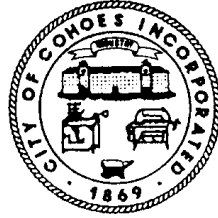


Human Services Department
97 Mohawk Street
Cohoes, New York
12047-2897



Ed Krajewski
Human Service Director & Bureau Director
Phone: (518) 233-2116
Fax: (518) 237-0072
E-mail: ekrajewski@ci.cohoes.ny.us

City of Cohoes

Use of Facilities Application

Date of application: _____

Name of Organization or Individual: _____

Mailing Address: _____

Telephone: Day _____ Evening _____ E-mail: _____

Name of contact person (if different than above): _____

Telephone: Day _____ Evening _____ E-mail: _____

Day(s) and date(s) requested: _____

- Usage will be approved in 90 day use periods. If usage request start and end dates expands more than 90 days, you will need to submit another application 45 days prior to usage start date for the remainder of the usage request.

Usage start time: _____ Usage end time: _____

Please include time for any necessary set-up and clean-up.

- Facilities use hours are from 9:00am-9:00pm.
- For lit facilities June 30-September 1 usage can be extended to 10:45pm, with approval from the Human Services Director and the Board of Managers.

Purpose of Use: _____

Total Participants Expected: Adults: _____ Children: _____

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

- Rental fees are waived for any groups that are a minimum of 51% Cohoes residents. In order to qualify a roster of participants including each participant's address must be attached to this application. Without a roster non-resident rental fees will apply. Applies to leagues and groups using fields denoted by asterisk.

Location(s) Requested

- | | |
|---|--|
| <input type="checkbox"/> Alexander Street Park Basketball Courts* | <input type="checkbox"/> Lansing Park Picnic Area |
| <input type="checkbox"/> Alexander Street Park Tennis Courts* | <input type="checkbox"/> Lansing Park Soccer Fields* |
| <input type="checkbox"/> Berkley Park (general use) | <input type="checkbox"/> Power Canal Park |
| <input type="checkbox"/> Berkley Park Basketball Courts* | <input type="checkbox"/> Primeau Park (general use) |
| <input type="checkbox"/> Berkley Park Tennis Courts* | <input type="checkbox"/> Primeau Park Gazebo |
| <input type="checkbox"/> Canal Square (general use) | <input type="checkbox"/> Primeau Softball Field* |
| <input type="checkbox"/> Canal Square Stage | <input type="checkbox"/> Silliman Park |
| <input type="checkbox"/> Craner Park (general use) | <input type="checkbox"/> Sunset Park (general use) |
| <input type="checkbox"/> Craner Park Softball Field* | <input type="checkbox"/> Sunset Park Basketball Courts* |
| <input type="checkbox"/> Delaware Ave. Bike Trail | <input type="checkbox"/> Sunset Park Tennis Courts* |
| <input type="checkbox"/> Greenbriar Park (general use) | <input type="checkbox"/> Van Schaick Island Basketball Courts* |
| <input type="checkbox"/> Greenbriar Park Basketball Courts* | <input type="checkbox"/> Van Schaick Island Gazebo-Pavilion-Amp. Theater |
| <input type="checkbox"/> Greenbriar Park Tennis Courts* | <input type="checkbox"/> Van Schaick Island Park/Pond (general use) |
| <input type="checkbox"/> Heartt Ave Park (general use) | <input type="checkbox"/> Van Schaick Island Tennis Courts* |
| <input type="checkbox"/> Heartt Ave Park Basketball Courts* | <input type="checkbox"/> Veterans Memorial Park |
| <input type="checkbox"/> Heritage Trail | <input type="checkbox"/> Westend Park (back by play structure) |

Other City owned location. Please provide location description and nearest cross streets: _____

Use fees will be determined based on use and location.

Service (s) Requested:

Field Lights: (Only available at the Lansing Field locations)

Are you charging fees for any aspect of your activity? Yes _____ No _____

Fee amount and description: _____

Will food or beverage be sold or offered for free? Yes _____ No _____ (If yes, you likely need an Inspection by Albany County Department of Health)

Will goods, products, wares, or services be sold? Yes _____ No _____ (If yes, you will need to obtain a temporary or Special Events Vendors License)

Description of goods, products, wares, or services to be sold _____

INSURANCE REQUIREMENTS

Commercial Users:

- A. The user hereby agrees to effectuate the naming of the City of Cohoes as an unrestricted additional insured "ON A PRIMARY NON-CONTRIBUTORY BASIS" on the user's policy.
- B. The policy naming the City of Cohoes as an additional insured shall:
- be an insurance policy from an A.M. Best rated "secured" New York State licensed insurer;
 - state that the organization's coverage shall be primary coverage for the City of Cohoes, its officers, 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 City of Cohoes for any applicable deductibles.
- D. Required Insurance:
- Commercial General Liability Insurance
 - \$1,000,000 per occurrence/ \$2,000,000 aggregate.
 - a Certificate of Workers' Compensation, Form C105.2, or its equivalent, and a Certificate of Disability Insurance, Form DB-120, shall be provided.
- E. User acknowledges that failure to obtain such insurance on behalf of the City of Cohoes constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the City of Cohoes. The user is to provide the City of Cohoes with a certificate of insurance, evidencing the above requirements have been met. The failure of the City of Cohoes 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 City of Cohoes.

Individuals:

Homeowners Insurance:

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

I _____, representing _____ organization have read and understand the terms and conditions of use.

Organization's Representative

Name: _____ Telephone Number: _____

Title: _____ E-mail: _____

Signature: _____ Date: _____

RETURN APPLICATION TO:

Ed Krajewski, Human Services Director, City of Cohoes, 97 Mohawk Street, Cohoes, NY 12047
Telephone: 518-233-2116 E-mail ekrajewski@ci.cohoes.ny.us