

17 Church Street  
 Arcade, NY 14009  
 (585) 492-1111  
 (585) 496-7444 (fax)

**VILLAGE OF ARCADE<sup>1</sup>**

<b>FOR OFFICE USE ONLY</b>	
<input type="checkbox"/>	Certificate of Insurance attached
<input type="checkbox"/>	Rental fees received, in accordance with fee schedule
<input type="checkbox"/>	N/C

**USE OF BASEBALL DIAMOND  
 APPLICATION AND AGREEMENT**

This application and agreement made upon approval by the Clerk/Treasurer between the Village of Arcade (VOA) and the following applicant:

Applicant's Name:			
If Organization, Representative's Name <sup>2</sup> :			
Street Address, City & Zip:			
Telephone Number:	Home:	Cell:	Work:
Date(s) Requested:	<b>ATTACH SCHEDULE INCLUDING PRACTICES</b>	Time Requested including set-up	From: _____ To: _____

<b>REQUESTED AREA</b>	
<b>A -</b>	Regulation Field
<b>B -</b>	Little League 70'
<b>C -</b>	Little League 60'
<b>D -</b>	Little League 60'
<b>E -</b>	Sullivan Rd – Little League 60'
TBall Fields 1,2,3 by Hope Lutheran	

By signing this Application and Agreement, the applicant certifies that they agree to comply with the Village of Arcade Facility Use Policy \*\* available upon request and on the Village of Arcade website \*\*. Failure to comply may result in the forfeiture of future usage of facilities. Applicant may be invoiced for damages incurred or for clean-up activities not performed at the close of the function.

**X**

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
_____ Approved	_____ Disapproved
_____ Clerk/Treasurer	_____ Date

<sup>1</sup> The term "Village of Arcade" refers to the Mayor, Members of the Board of Trustees, and all employees while acting in the course of their employment.  
<sup>2</sup> Representative must complete form titled, "Authorization to Sign on Behalf of Organization."

**VILLAGE OF ARCADE  
HOLD HARMLESS WAIVER**

I, \_\_\_\_\_, understand and agree that, in consideration for being  
**APPLICANT'S NAME**  
granted access to and the use of the property and facilities of the Village of Arcade, I assume any and all risk with respect to such access and use, and hereby release said Village of Arcade, its representatives, agents, and employees from liability for any injuries sustained or damages incurred in the course of such access and use resulting from any cause whatsoever which may be sustained.

\_\_\_\_\_  
**Signature** **Date**

If Organization, Representative must complete form titled, "Authorization to Sign on Behalf of Organization."

**VILLAGE OF ARCADE  
AUTHORIZATION TO SIGN ON BEHALF OF ORGANIZATION**

I, \_\_\_\_\_, certify, that I executed the attached Village of Arcade  
**NAME**  
Use of Facilities Application and Agreement and attached the necessary liability release form (if required) on behalf of the referred to Organization in said Use of Facilities Application and Agreement.

In addition, I ,certify that I am the \_\_\_\_\_ of such Organization and  
**TITLE**  
that the execution of such Release and Agreement is in my authority to execute on behalf of the Organization.

\_\_\_\_\_  
**Signature** **Date**

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**   DATE (MM/DD/YYYY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<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				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE