PLEASE READ ATTACHED REQUIREMENTS AND RETURN APPLICATION TO:

TOWN OF SCHROON

PO BOX 578

SCHROON LAKE, NY 12870

FACILITY USE REQUIREMENTS

The use of Town of Schroon facilities shall be subject to the approval and the rules of the Town Board administered by the Town Supervisor and/or his/her designee.

1. Organizations wishing to use these municipal facilities shall first apply to the Clerk to the Supervisor for a Facility Use Permit on the prescribed form. The Town Supervisor has the authority to approve the request, however if the Town Supervisor decides it is in the best interest of the Town then the final decision will be made by the Town Board.
2. Priority for the use of facilities is for local and civic organizations and then to members of the public on a first come basis.
3. In the event of inclement weather the Town Supervisor or his/her designee has the final authority on whether facilities are usable.
4. Public areas with a permit can be used for events such as wedding ceremonies but expressly not for receptions and catered food service.
5. Intoxicants shall not be brought onto municipal facilities at any time. Alcohol is not permitted. See Town of Schroon Ordinance #5.
6. All posted rules must be adhered to.
7. 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.
8. Any damage to municipal facilities by the user shall be promptly reported to the Town Supervisor and repaired at the user's expense. The Town must review and approve the repair. No exceptions.
9. Those with permission to use Town facilities must clean-up afterwards.
10. Noise from the event area will not interfere with the surrounding neighbor's enjoyment of their property.
11. The user will make sure all lights are turned off when leaving.
12. Any group or organization with youth under 18 years old requires the presence of adequate adult supervision at all times.
13. A Facility Use Permit from the Town of Schroon for the Pavilion does not guarantee exclusivity. It is recommended that those with a Facility Use Permit put up basic signage in the morning of the event to designate the area intended to be used for their event.
14. The emergency number for police, fire and ambulance is 911. In the event of an accident call 911 and report said accident to the Town Supervisor as soon as possible.
15. Permission (permits) may be revoked at any time.
16. The fee for the Boathouse is $200.00. **Fee shall be waived for Town of Schroon civic organizations and local 501(c)3** organizations.
17. When required, users must provide the following insurance prior to using Town 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 unrestrictive 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 shall be provided with ISO endorsement CG2026 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.

P.O. BOX 578, SCHROON LAKE N.Y. 12870

PHONE (518) 532-7737 FAX (518) 532-9474

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? _____

FEE FOR BOAT HOUSE $200.00. Fee shall be waived for Town of Schroon civic organizations and local 501(c)3 organizations.

DOGS ARE PROHIBITED ON TOWN PROPERTY AT PUBLIC EVENTS. NOTICE OF SAME MUST BE ADVERTISED WITH YOUR EVENT NOTICE.

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 Name of Organization does hereby covenant and agree to defend, indemnify and hold harmless the Municipality from and against any and all liability, loss, damages, claims, or actions (including costs and attorney 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 Municipality's property, facilities and/or services by Organization.

_____ **Address:** _____

Signature of Organization's Representative Telephone *Nu*mber: _____

Insurance Attached