

## TOWN OF GREENFIELD BASEBALL FIELDS

BASEBALL	Address: Line Drive, Porter Co Please put an X by the field you Field B: 46 x 60 or 65 Field D: 60 x 90 Practice: MT_W_TH_ Games: \$50 (7,9 inning), \$2	ou would li _Field C: 5 _F	ke to reserve 50 x 70
The Town of Greenfield Baseball Fields are availed time through the GREENFIELD RECREATION Rebecca Sewell at (518) 893-7432 x307.			
To reserve field time please return this comple (example supplied) and RESERVATION FEE (un Recreation Director, Greenfield Town Hall, PO	less payment discussed with Re	ebecca) to:	
RULES OF USE:			
*If there is standing water present, or the turf or text message from the Parks Department 2			will receive a phone call
*Leashed pets only. No dogs are allowed on the	ne fields at any time.		
*NO JUMPING FENCES OR REMOVING GATES at (518) 577-6486. First offense – warning, Sec *No alcoholic beverages or weapons allowed.	cond Offense - \$25 fine, Third O	locked, plo ffense – Re	ease call Channon Emigh moval from Park.
*SLIDE PRACTICES ARE PROHIBITED.			
RESERVATION INFORMATION:			
Organization	Contac	t Number_	
Mailing Address			
Contact Person	Email		
Contact Person  Field B,C,D Date: MTW  Date of Reservation:	ThFrSatSun	Time:	to
Date of Reservation:	Spring Ball Fall Ball		
HOLD HARMLESS AGREEMENT:			
The undersigned is 21 years of age and has read this form responsible to the municipality for the use and care of the Town of Greenfield from and against any and all liability, injury and/or property damage, to the extent permissible of Greenfield's property or facilities.	e facilities. He/she on behalf of does hereby covenant and agree to loss, damages, claims, or actions (inclu	defend, inde	mnify and hold harmless the d attorneys' fees) for bodily
By signing this form below, you agree to the full list of Ru Greenfield with the correct Insurance Certificate.	ales of Use noted above, Hold/Harmless	s Agreement a	nd supplied the Town of
Signature:			

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

- A. The Insurance Company must be admitted to do business in N.Y.S.
- B. The Insured Name on the certificate must be identical to the Legal Entity name listed on the exhibit contract.
- C. Policy Number
- D. Policy period must cover the dates of the contract period.
- E. 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.
- F. The user agrees to indemnify the Town for any applicable deductibles.
- G. 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.

ACORD, CERTIFICA	TE OF LIABI	LITY INSI	URANCE	=	DATE (MIN/DD/YYYY)		
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COMMERCIAL GENERAL LIABILITY				DANAGETO RENTED PREMISES (Ea occurence)	\$		
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RETENTION CALL CALL				HARRING ST.	\$		
WORKERS COMPENSATION AND	<b>北定省参加共和共和共和</b>	DSAFFRANDIRHUM.	ENTHERED PRINCE	TORYLIMITS LER			
EMPLOYERS' LIABILITY				E.L.EACHACCIDENT	\$		
ANY PROPRIETOR/PARTHER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYE	£ \$		
If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICYLIMIT	rls		
OTHER							
	THE STATE OF THE S			<u>J</u>			
CRIPTION OF OPERATIONS/LOCATIONS/VEHICLE	S/EXCLUSIONS ADDED BY ENDOR	SEMENT/SPECIAL PROVI	SIONS				
Town of Greenfield, its officers,	officials, employees, ar	nd volunteers are	Additional Ins	ured as required by	written agreement		
RTIFICATE HOLDER			CANCELLATION				
wn of Greenfield		SHOULD ANY	SHOULD ANY OF THE ABOVE DESCRISED POLICIES BECANCELLED BEFORE THE EXPIRATION				
D Box 10		DATE THERE	OF, THE ISSUING INS	URER WILL ENDEAVOR TO MA	IL DAYS WRITTEN		
Greenfield Center, NY 12833		HOTICE TO T	HE CERTIFICATE HOL	der named to theleft, but	FAILURE TO DO SO SHALL		
		IMPOSE NO	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UP ON THE INS				
		REPRESENTA	ATIVES.				
		AUTHORIZED	REPRESENTATIVE				
A CODD 8# (2004/08)				@ACORD	CORPORATION 198		