



## REVOCABLE LICENSE FOR USE OF CITY OF SARATOGA SPRINGS FIELDS

**Instructions:** Contact the Recreation Department for available facilities and dates. Complete and sign this form and submit the following to the Recreation Department.

- Provide Proof of Residency
- Submit schedule request in writing (*see section 2 for details*)
- Provide Certificate of Insurance (*see section 9 and attachment A for details*)
- Make check payable to "Commissioner of Finance" (*see section 11 and attachment B for details*)

This License Agreement, dated the \_\_\_\_\_ day of \_\_\_\_\_, 2015, is entered into between the City of Saratoga Springs, 474 Broadway, Saratoga Springs, New York, 12866 (hereinafter "City") and \_\_\_\_\_ (along with any member of Licensee's group, members, officers, agents, employees, or any guest, collectively, hereinafter "Licensee"), who hereby agree as follows:

**Licensee Organization/Group Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Primary Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Proof Residency:** Is the Licensee or Organization in the City of Saratoga Springs:  YES  NO  
Is the Licensee or Organization in the Saratoga School District:  YES  NO

This Revocable License Agreement shall not grant to the Licensee the exclusive use of the City property. The provisions of sections 8 and 9, regarding indemnification and insurance, shall survive the termination of this Revocable License Agreement. Licensee may not assign this Revocable License Agreement or its right, title, or interest thereto without the prior written consent of the City. No modification or amendment of this Revocable License Agreement shall be valid unless in writing and signed by the City. In entering into this Revocable License Agreement Licensee acknowledges and agrees that nothing herein shall be construed as creating any right or ownership interests in the City property. This Revocable License Agreement shall solely constitute permission to Licensee to gain access to the City property at the times and for the purposes set forth herein.

- 1. CONDITIONS OF USE:** It is understood that the primary contact has the authority to sign the license agreement on behalf of the Licensee organization/group listed above. It is understood the licensee will abide by all policies and rules of the City of Saratoga Springs, Saratoga Springs Recreation Department, and NY State Department of Health and they shall be liable for all damages from the activities.
- 2. SCHEDULE REQUEST:** Additional information such as schedules must be in writing. Only those individuals listed below are allowed to request changes to schedules on behalf of the licensee. Schedules must include start and end time. The Licensee must provide a representative on-site during the entire event and who shall be responsible for each activity scheduled. In the event an incident occurs it is the Licensee's responsibility to notify the Recreation Department **IMMEDIATELY**.

Purpose and full description of Use: \_\_\_\_\_

Select all FIELDS requesting:  Recreation Center  North Side Rec  East Side Rec  West Side Rec  
 Veterans Memorial Park (Geyser)  other site (specify) \_\_\_\_\_

Primary Contact Person's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Numbers: (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_ E-mail: \_\_\_\_\_

Scheduler's Contact Person's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Numbers: (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_ E-mail: \_\_\_\_\_

Billing Contact Person's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Numbers: (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_ E-mail: \_\_\_\_\_

List below or attach your requested dates and hours and preferred fields. Specify tournaments, games, practices if possible:

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3. **CANCELLATIONS:** Licensee is required to provide ten (10) business days notice of any cancellation, otherwise time shall be billed at the regular rate. The City reserves the right to cancel this Agreement at any time in event of default or violation by the Licensee of any provision of this Agreement. The City shall decide whether or not the field is playable in inclement weather. Failure to honor any field closure is subject to a revoking of the Licensee's field usage and removal from the premises. It is the responsibility of the Licensee to contact the Recreation Department to see whether the facility will be open. The Recreation Department does not follow the school closings. City of Saratoga Springs facilities are usually open, regardless of inclement weather. Licensee shall notify the Recreation Department within 48 hrs of any cancellation due to inclement weather.
4. **TIMES AND DATES:** Licensee shall finish at or before their scheduled time. This includes removing all supplies, personal property and equipment from the fields. A game or practice slot for baseball/softball will be considered 2 ½ hours. If you need a longer time slot, a request in writing must be submitted. If a game runs longer than 2 ½ hours from its scheduled start time, a team will stop the game/practice at its scheduled.
5. **VENDOR AND CONCESSIONS SALES:** Licensee shall not vend, or allow vendors, to sell or take orders for products or services, including, but not limited to, food, equipment, souvenirs or related items, on the premises without first having obtained the prior written permission of City and obtained permits as necessary. If approved and the Licensee will be providing food or operating a concession stand or any concession, the Licensee must obtain a New York State Department of Health Permit. Permits can be obtained through the New York State Department of Health Glens Falls District Office, 77 Mohican Street, Glens Falls, New York 12801 (518) 793-3893 or fax # (518) 793-0427. Original permits must be posted conspicuously during operation and a copy must be provided to the Department.
6. **MARKETING:** The City may promote through flyers, social media, website, email, and other forms of marketing outlets the Licensee's programs and organizations with information provided by the Licensee. Nothing shall be attached to, or hung from, the interior or exterior of any building or fencing without prior written approval of the City.
7. **ALCOHOLIC BEVERGES AND TOBACCO:** No alcoholic beverages are allowed on City. All recreation facilities and grounds are tobacco free sites. Violation of these conditions shall be cause for immediate revocation of this License Agreement. If any Licensee member or guest is found to be consuming alcoholic beverages in the dugouts and/or on the premises the Recreation Department has the right to suspend use of the facility by Licensee.
8. **INDEMNIFICATION:** The Licensee assumes all risks in the performance of all its activities authorized by this Agreement. Licensee shall reimburse the City for any and all damage or injury to any real or personal property of the City that may arise, directly or indirectly, from the negligence, acts, or omissions of the Licensee. The Licensee hereby covenants and agrees to defend, indemnify and hold harmless the City of Saratoga Springs, NY; its elected and/or appointed officials, officers, agents, employees and assigns against all liabilities, claims, suits, actions, judgments, costs, expenses, demands, losses, damage or injury, arising out of this agreement, of whatsoever kind and nature including death or injury to person, damage or loss of property, all attorneys' fees and other costs of investigating and defending against such claims, liabilities, losses, damages, expenses, accidents or occurrences. The Licensee shall be responsible for such liabilities that arise at any time prior to termination of this Agreement, whether direct or indirect, and whether caused or contributed to by the Licensee, its contractors, subcontractors, agents, or employees. The Licensee's responsibility under this section shall not be limited to the required or available insurance coverage.
9. **INSURANCE:** It is understood the Licensee has notified the City of Saratoga Springs and the Licensee's insurance carrier of all activities that will take place during the Licensee's event. The Licensee shall provide the city with a certificate of insurance which states the insurance covers all the events, participants, spectators, coaches and any other individual attending for the specific purpose or the tournament and activities as outlined in this agreement. Licensee shall provide a Certificate of Insurance naming the City of Saratoga Springs as an Additional Insured on a primary and non-contributory basis provided by endorsement in the form of CG20, CG26 or their equivalent evidencing Commercial General Liability: One Million Dollars (\$1,000,000) per occurrence Two Million Dollars (\$2,000,000) aggregate including completed products and operations and personal injury liability insurance and One Million Dollars (\$1,000,000) Excess Insurance or the equivalent thereof upon execution of this agreement. The Certificate naming the City of Saratoga Springs as Additional Insured on a primary and non-contributory basis provided by endorsement in the form of CG20, CG26 or their equivalent shall be addressed to the attention of: Office of Risk and Safety, City of Saratoga Springs, 474 Broadway, Saratoga Springs, NY 12866. The insurance must be from an insurer that has an A.M. Best Rating of "A-" or better and is admitted or licensed to do business in the State of New York. Licensee 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 City. Licensee requesting the use of East Side or West Side Recreation Park must also provide a Certificate of Insurance naming the Saratoga Springs School District as an Additional Insured that meets the same requirements as described above. The Certificate naming the Saratoga Springs School District as an Additional Insured on a primary and non-contributory basis provided by endorsement in the form of CG20, CG26 or their equivalent should be addressed to the Business Manager, Saratoga Springs School District, Three Blue Streak Boulevard, Saratoga Springs, NY 12866. See exhibit A for examples of accepted Insurance Certificates naming the City of Saratoga Springs and the Saratoga Springs School District additional insured. See Attachment A for examples of acceptable certificate of insurance (4 pages).
10. **SPECIAL CONDITIONS:** All posted Park Rules are to be followed by the licensee. Failure to follow the posted rules or the special conditions listed below may result in termination of this agreement and suspension of field rental.
  - a. No domestic animals or pets shall be permitted on City grounds. Service animals are allowed.
  - b. Licensee shall not make or permit any disturbing noises on the premises. Licensee shall not interfere with the rights, comfort, or convenience of other licensees.
  - c. Medical staff and Emergency First Aid Treatment are NOT provided by the City.
  - d. No vehicle belonging to Licensee shall be parked in any area except those specifically designated for parking. Arrangements for unloading and loading any belongings or materials brought into the City grounds shall be made, along with any "Special Parking" needs, by the Facilities Manager. No vehicle shall be operated other than on established roads and driveways.
  - e. The licensee must follow the City's public address policy.

- f. Licensor reserves the right to reschedule field time any time in the event of tournaments, games, special events, and/or for the benefit of the public. If Licensee for any reason refuses to accept such rescheduling, all monies paid by Licensee shall be refunded.
- g. Organizations will be responsible leaving the fields and dugouts in a reasonably tidy condition. The organization renting the field shall be responsible for all damages caused to the building, grounds, and equipment belonging to the City. The said damages are to be repaired or paid for to the full satisfaction of the City. The City may take whatever action at law or in equity that may appear necessary or desirable to collect damages arising from a default or violation or to enforce performance of this Agreement.
- h. All organizations except the City School District and Recreation Department sponsored programs will be responsible for lining fields on weekends. If event is out of the normal playing season DPW only lines fields when able, Licensee is responsible otherwise.
- i. Licensee shall be responsible for purchase of sport activity equipment including bases, soccer goals, etc. These equipment purchases must be pre-approved by the Recreation Department.

11. **Payment and Rates:** Fees are determined by the City Council annually and are to be paid under the terms and conditions set forth by the Recreation Department. New licensees must make a \$250 or at least a 10% deposit prior to the first scheduled time. Please note that nonpayment of any fee, cost or change shall result in the immediate termination of this agreement. New Licensees must make their initial payment prior to the first schedule time. The City will forward an itemized invoice to the Licensee each month for payment and is payable thirty (30) days thereafter unless otherwise specified in this agreement or specified in the Recreation Department fee schedule. Should payment not be received within thirty (30) days, without special provision being made between the City and licensee, all activities in and around the recreation facilities will cease by licensee, until said invoice is paid in full. Checks should be made payable to Commissioner of Finance and returned to: Saratoga Springs Recreation Department, 15 Vanderbilt Avenue, Saratoga Springs, NY 12866. See attachment B Recreation Department Fees for a list of all field fees.

This Revocable License Agreement can be revoked by the City for any violation of it's terms and/or conditions hereof by Licensee in which event Licensee shall vacate the City premises within one (1) hour upon receipt of verbal or written notice of such termination.

No failure or delay on the part of the City in exercising any right, power or remedy hereunder shall operate as a waiver thereof. No single or partial exercise of any such right, power or remedy shall preclude any other or further exercise thereof or the exercise of any other right, power or remedy. The remedies provided for herein are cumulative and are not exclusive of any remedies that may be available to any party at law or in equity or otherwise.

This Agreement shall be governed and construed under the laws of the State of New York, the location where this Agreement was accepted to by "Licensee". The Licensee agrees to comply with all applicable local, state and federal laws, rules and regulations in the performance of the duties of this contract. The City and the Licensee hereby irrevocably consents to the personal and subject matter jurisdiction of the federal and state courts of the State of New York.

**DESIGNATED AGENTS:**

**OF LICENSOR:**

Mayor: \_\_\_\_\_ Date: \_\_\_\_\_

**OF LICENSEE:**

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**TO BE COMPLETED BY CITY PERSONNEL**

Insurance Attached:    \_\_\_ YES \_\_\_ NO

Deposit:                \_\_\_ YES \_\_\_ NO

If yes: Amount \_\_\_\_\_ Check # \_\_\_\_\_ (write cash if paid in Cash) Batch # \_\_\_\_\_

Schedule Included:    \_\_\_ YES \_\_\_ NO

Fee Charged:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Recreation Department Personnel: Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*CITY'S INSURANCE REQUIREMENTS*  
**CERTIFICATE OF LIABILITY INSURANCE**

OP ID: NW  
 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	
	PHONE (A/C No. Ext.)	FAX (A/C No.)
INSURED	EMAIL	
	ADDRESS	
	PRODUCER CUSTOMER ID #	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

*YOUR ORGANIZATION'S INFO HERE*

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	ADDL SUBS INSR	W/O	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ Excluded
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	POLICY <input type="checkbox"/> PRO <input type="checkbox"/> TEST <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO:						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	HIRE AUTOS						\$
	NON-OWNED AUTOS						\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
	DEDUCTIBLE \$						\$
	<input checked="" type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY)	Y/N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below:		N/A				E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

*City of Saratoga Springs is an Additional Insured on a primary and noncontributory basis as required by written contract. Attach CG 20/26 to this form.*

<b>CERTIFICATE HOLDER</b> CITY SARATOGA SPRINGS OFFICE RISK AND SAFETY 474 BROADWAY SARATOGA SPRINGS, NY 12806	<b>CANCELLATION</b> 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 <i>Heather W Gray</i>

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ACORD 25 (2008/09)

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*2011 REQUIREMENT*

\* For Use of East and West Recreation Complexes Only \*



→ CITY SCHOOL DISTRICT REQUIREMENT ←  
**CERTIFICATE OF LIABILITY INSURANCE**

OP ID: NW

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).

<b>PRODUCER</b>  YOUR ORGANIZATION'S INFO HERE	<b>CONTACT NAME:</b> PHONE: _____ FAX: _____ (A/C, No, Ext): _____ (A/C, No): _____ EMAIL: _____ ADDRESS: _____ PRODUCER: _____ CUSTOMER ID #: _____														
<b>INSURED</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A:															
INSURER B:															
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	ADOL / SUBR / INSR / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-ECT <input type="checkbox"/> LOC	X				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (ANY ONE PERSON) \$ Excluded PERSONAL & ADV. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ <input checked="" type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A		

Saratoga Springs City School District is an Additional Insured on a primary and noncontributory basis as required by written contract. Attach CG 20/26.

<b>CERTIFICATE HOLDER</b>  Saratoga Springs City School 3 Blue Streak Blvd Saratoga, NY 12886-5967	<b>CANCELLATION</b>  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 
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→ CG 20/2L FORM ←

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**NEW YORK POLICY CHANGES**

Insured's Name:	Endorsement Effective Date:
Policy Number	Endorsement Number:
Coverage Parts Affected: General Liability	

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured:

The following item(s):

<input type="checkbox"/> Insured's Name	<input type="checkbox"/> Insured's Mailing Address
<input type="checkbox"/> Policy Number	<input type="checkbox"/> Payment Plan
<input type="checkbox"/> Effective/Expiration Date	<input type="checkbox"/> Premium Determination
<input checked="" type="checkbox"/> Additional Insured	<input checked="" type="checkbox"/> Coverage Forms and Endorsements
<input type="checkbox"/> Limits/Exposures	<input type="checkbox"/> Deductibles
<input type="checkbox"/> Covered Property/Location Description	<input type="checkbox"/> Classification/Class Codes
<input type="checkbox"/> Rates	<input type="checkbox"/> Description of Covered Premise, Location, Auto, Equipment
<input type="checkbox"/> Auto Addition/Deletion	<input type="checkbox"/> Property, Equipment Addition/Deletion

In consideration of a no change in premium, it is hereby understood and agreed:

Form CG 20 26 (11/85) TIS, "Additional Insured - Designated Person or Organization, is added as per the attached and now forms a part of the policy.

All other terms and conditions remain unchanged.

The above amendments result in a change in the premium as follows:

<input checked="" type="checkbox"/> No Changes	<input type="checkbox"/> To Be Adjusted at Audit
<input type="checkbox"/> Additional Premium	<input type="checkbox"/> Return Premium

IL 12 01 11 85 TIS NY

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→ CG 20/26 FORM ←

**ADDITIONAL INSURED – DESIGNATED PERSON  
OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

**Name of Person or Organization:**

**Saratoga Springs City School District, NY**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

**RECREATION DEPARTMENT FEES - 2015: Field User Agreement Fees****Field/Facilities in this Rate Fee Include**

East Side, West Side, South Side, North Side Fields, Veteran's Memorial Park, Geysers Park

All practice and game schedules must be submitted to the recreation department prior to using any field/facility

**DESCRIPTION** **FEES****Field Use Fee**

Includes Practices and Games

**Small Fields-** East & West Side: Major, Minor, Tee ball and Bantam; Veterans Memorial Softball Fields

Hourly Rate:	School District User Group	\$ 2.00
	Non School District User Group/Adult/Business/For-Profit	\$ 5.00

Tournament Fee:	Per Day per Site Fee	\$ 125.00
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*Games will be scheduled in 2hr blocks unless organizations arrange otherwise with Rec Dept. in writing.***Large Fields-** East Side: Jim King, Big Baseball, Football; West Big Field, Veterans Memorial Baseball Field

Hourly Rate:	School District User Group	\$ 15.00
	Non School District User Group/Adult/Business/For-Profit	\$ 20.00

Tournament Fee:	Per Day per Site	\$ 175.00
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*Public and private schools inside the Saratoga Springs City School district pay small field Non school district rate**Pop Warner will be charged at the Small field School District rate for use of Jim King field**Games will be scheduled in 2 1/2hr blocks unless organizations arrange otherwise with Rec Dept. in writing.***Other Fields-** Depending on the program request, other field locations will be categorized as a Small Field or Large Field. \$ Varies  
IE North Side Soccer or Lacrosse.**Additional Fees**

Light Fee per game/practice (2 1/2 hour limit)	\$ 50.00
DPW Overtime Set-up Fee	\$ 45.00
Port-A-John Tournament Fee-min. one per site required	\$ 45.00
Surcharge Fee added if Organizations do not Clean up after games/practices	\$ 50.00
"No Show Fee" must be paid within 5 business days	\$ 50.00

**Field Rental Fees for Camp Programs**For Profit Organizations for five weekdays fee \$ 325.00Not-For-Profit Organizations for five weekdays fee \$ 200.00**Tennis and Court Rental Fee**1 court per hour \$ 10.00**Payment Schedule**

Initial Fee shall be paid with signed user agreement before a schedule is accepted. New groups shall pay in full prior to use.

Returning User groups will be billed any balances at the end of each season. Groups that do not make payment promptly will be billed and payments will be due all up front before the season begins until they are deemed in good standing.

Additional Fees must be Pre-Paid before field/facility usage.

Hourly Overtime charge must be paid within 5 business days \$ 15.00Returned check fee \$ 25.00

The Saratoga Springs City School District Teams will not be charged for field usage on East &amp; West Side Fields due to the fact that they owned the fields.

Late Payment Fees \$ 25.00  
For payments received more than 30days after billing date