



Albany High School Artificial Turf Field Rental Application



City School District of Albany
Kathy Futia, Coordinator
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Phone: (518) 475-6161 Fax: (518) 475-6162

Full payment and proof on insurance is required no later than ten (10) days prior to the date of the event. If the activities run longer than planned, the District will follow-up with an invoice for any outstanding balance.

Liability insurance is required as outlined on page 4, Selection Process and Insurance Requirements section.

Applications for use are required 30 days in advance. It is recommended that use for the spring, summer, and fall seasons should be submitted no earlier than February 1st or later than February 28th of the calendar year.

Organization Name: _____

Contact Name: _____ Contact Person at Event: _____

Phone: (home) _____ (work) _____ (cell) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Estimated Attendance: _____

Are you charging admission? _____ Admin. Fee Charged: _____

Activity (Include time requested for set-up and cleanup.)	Date	Day	Start Time	End Time	Total Hours

Turf Field Use	_____	Hours x \$ _____*	(rate) = \$ _____*
Lights	_____	Hours x \$ 35	(rate) = \$ _____
Scoreboard	_____	Hours x \$ 35	(rate) = \$ _____
PA System	_____	Hours x \$ 35	(rate) = \$ _____
Police	_____	Hours x \$ 225	(rate) = \$ _____
Supervisory Staff	_____	Hours x \$ 40	(rate) = \$ _____
Custodial Staff	_____	Hours x \$ 40	(rate) = \$ _____
Other	_____	Hours x \$ _____	(rate) = \$ _____
Total Rental Fee Due			\$ _____

District provided Supervisor and custodial coverage is required for all events for the length of the activity.

For District Use Only:

Date Received: _____ Group # _____ Approval # _____

Use Dates Approved: _____

Director of Athletics: _____

Rental Fee: _____

High School Principal: _____

Insurance Certificate Received: _____

Director of Security: _____

Director of Bldg. & Grounds: _____

HS Head Custodian: _____

Field/Site Supervisor

The user organization must respect the authority of the District provided Field/Site Supervisor. The Site Supervisor has the authority to stop a game at any time if site regulations are being violated. The services of the Site Supervisor include the opening and securing of fields, operating lights, documenting field usage times for rental fees, monitoring all facilities, and reporting any discrepancies in the field condition before and after use.

Adult supervision of field activities is mandatory. The user organization is responsible for the conduct of participants and spectators.

All facilities are rented as is. Any special set-up arrangements are subject to additional fees in addition to the basic fee and must be requested with the application.

All utility costs including field lights are an additional fee.

All custodial services are an additional fee. The fee includes locking & unlocking the facility, garbage removal, cleanup and any other custodial assistance necessary for the event.

Police fees are additional and required for all football games. The District may also deem police coverage necessary and require it for other events.

Turf Field Use Rules

All applicants must review District Policy 1500 prior to submitting the application. All applications must be signed by an authorized agent of the group or organization requesting use. The applicants signature the application shall attest to the group or organization's intent to comply with all Board policies and regulations and to use District facilities strictly in accordance with the use described in the application. Additionally, the following rules apply.

1. No food of any kind on the turf field
2. Water is the only beverage allowed on the turf field
3. No gum
4. Nuts and sunflower seeds are prohibited
5. Tobacco and alcohol products are prohibited
6. Animals are prohibited
7. Metal spikes/cleats and high-heeled shoes are prohibited on the turf field
8. Burning materials of any kind is prohibited
9. The use of sharp objects or golf clubs on all surfaces is prohibited
10. Profane language, boisterous behavior, or other objectionable behavior is prohibited
11. Only authorized maintenance vehicles are allowed on the turf field
12. Marking or painting on the track, turf or any of the facility playing surfaces is strictly prohibited.
13. Moveable markers, such as cones and hurdles are allowed upon receipt of permission from the District Director of Athletics.

I have read the rules relating to building use.

Signature: _____ Date: _____

Turf Facility Rental Fees

Group 1 District Related Groups

Examples: School sponsored teams, intramurals, PTA, Booster Clubs

Group II Albany Community Based Groups

Example: Student and adult recreational groups, local town events, YMCA, PAL
(Must have at least **75%** of home team participants residing in Albany School District)

Group III Non-residents

Examples: Recreational groups, towns and other agencies, not located within Albany boundaries. (Colleges are in this group)

HOURLY RATES

	GROUP I	GROUP II	GROUP III
Turf Field Use	N/A	75	150
Lights	N/A	25	25
Scoreboard	N/A	25	25
PA System	N/A	25	25
Custodial	N/A	40	40
Police	N/A	225/3 hr. minimum	225/3 hr. minimum
Supervisor	N/A	30	30

Availability, Selection Process and Insurance Requirements

The Board of Education recognizes that the buildings and grounds are a valuable community resource and believes that this resource should be available to the community for specific uses that will not interfere with educational activities or disrupt district operations such as renovation or maintenance.

The district reserves exclusive and non-reviewable judgment to determine if a requested use would interfere with or disturb the district's educational programs or operations, or be difficult to schedule adequate staffing, and if so to deny the request.

The requests for field usage will be reviewed and approved with preference given to Group I, Group II, and Group III, respectively. A preference will also be given to student groups. Submittals will be reviewed with preference to the Groups in the order given above, student groups and the date of the submission.

A liability policy naming the City School District of Albany as an additional insured, in the amount of one million dollars (\$1,000,000.00) for personal injury, and two hundred and fifty thousand dollars (\$250,000.00) for property damage, must be forwarded to the Facilities Use Coordinator at the above address upon receiving approval of this application.

Revised: 7/19/2018

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/22/2019

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 have ADDITIONAL INSURED provisions or 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 Bears Insurance Agency, 670 Pleasant Street Brookton MA 02301	CONTACT NAME: WASHWILLIAMS	INSURER(S) AFFORDING COVERAGE	NAIC #
	PHONE (A/C, No. Ext): (508) 500-2400	FAX (A/C, No.): (508) 500-2700	
	E-MAIL ADDRESS: WILLIAMS@BARSINSURE.COM		
INSURED	INSURER A: AmCoast Insurance Company		
	INSURER B: Ammerico Insurance		
	INSURER C: Am American Insurance Company		
	INSURER D: Travelers Insurance Company		
	INSURER E:		

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 SUBR INSR LTR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		07/02/2019	07/02/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ INCL GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			07/02/2019	07/02/2020	COMBINED SINGLE LIMIT (Ea. accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ INCL
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	09/19/2018	09/19/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
C	Errors & Omissions			07/02/2019	07/02/2020	Each Claim Limit 2,000,000 Aggregate Limit 4,000,000 Retention 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required):
City School District of Albany, its officers, employees, and assigns shall be named as additional insured parties on a primary and non-contributory basis on the general liability.

CERTIFICATE HOLDER	CANCELLATION	AT 040322
City School District of Albany 1 Academy Park Albany NY 12207	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>William C. Brennan</i>	