

TOWN ^{of} CALEDONIA

Request for Use of Beach Park

Applicant Information:

Name of Applicant: _____

Organization (if applicable): _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

Email Address: _____

Event Details:

Type of Event (e.g., Sporting Event, Picnic, etc.): _____

Event Date(s): _____

Event Time(s): _____

Expected Number of Participants: _____

Insurance Information:

Certificate of Liability Insurance Provided:

☐ Yes ☐ No (Must be provided before approval)

Insurance Company Name: _____

Policy Number: _____

Coverage Amount: _____

Terms and Conditions:

By signing below, I acknowledge and agree to the following terms and conditions:

1. **Certificate of Insurance Liability:** All events being held in the park need to be properly insured with the Town of Caledonia, 3109 Main St., Caledonia, NY 14423 being named as certificate holder on the general liability policy and an additional endorsement naming the Town of Caledonia as an additional insured entity must be provided. Amount of insurance required by the Town of Caledonia is one million dollars for each occurrence and three million dollars aggregate. Applicants requesting use of Beach Park for sporting events must provide a Certificate of Insurance Liability before approval.

2. **Submission of Requests:** Requests must be submitted to the Town Clerk, Seth Graham, or the Highway Superintendent, Ron Beach III, for review and approval.

3. **Approval Process:** Use of the park is subject to approval by the Town of Caledonia.

4. **Compliance with Rules:** Applicants agree to abide by all park rules and regulations during their event.

Disclaimer:

The Town of Caledonia is not responsible for any injuries or damages that occur during the event. The applicant agrees to hold the Town of Caledonia harmless and indemnify it against any claims or lawsuits arising from the event.

Applicant Signature:

I, the undersigned, hereby request permission to use Beach Park for the event described above.

Applicant Name (Printed): _____

Applicant Signature: _____

Date: _____

For Office Use Only:

Received Certificate of Liability Insurance:

☐ Yes ☐ No

Date Received: _____

Approval Status:

☐ Approved ☐ Denied

Date Approved/Denied: _____

Signature of Approving Official: _____

Please ensure that the Certificate of Insurance Liability is submitted before the approval process can be completed. Thank you for your cooperation!