

# Town of St. Armand

1702 NYS Route 3, PO Box 338, Bloomingdale, NY 12913

(518) 891-3189

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## USE OF FACILITIES APPLICATION

Please circle which facility you need for your event:

Town Hall

Veterans' Memorial Park

Ball Field Only

Ball Field & Youth Building

Ice Rink & Youth Field

Today's Date: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Name of Organization or Group: \_\_\_\_\_

Type of Organization or Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Approximately how many people will attend the event: \_\_\_\_\_

Type of activities performed for the event:

\_\_\_\_\_

\_\_\_\_\_

A certificate of Insurance may be required for the event.

The organization and/or participants agrees to abide by the rules set forth in the Policy and Rules regarding Use of St. Armand Facilities. The Contact Person is responsible for informing participants of the above-mentioned policy.

A donation by out-of-town organizations would be greatly appreciated. The suggested donation is \$20.00, plus \$5.00 for every 10 people greater than 25.

**LESSEE'S INDEMNIFICATION AGREEMENT**

For good and valuable consideration, including but not limited to being permitted to use or lease Town of St. Armand property, the \_\_\_\_\_ (Lessee) shall, to the maximum extent permitted by law, indemnify and save harmless the Town of St. Armand, its officers, agents, volunteers, and employees from and against any and all damages, liabilities, actions, suits, proceedings, claims, demands, losses, costs and expenses (including reasonable attorneys' fees) that may arise out of or in connection with Lessee's lease or use of the Town of St. Armand \_\_\_\_\_ (name and address of building or facility) for any damage to its real or personal property that occurs in conjunction with the lease or use of \_\_\_\_\_ (name and address of building or facility) by Lessee, unless the damage is caused by the Town of St. Armand's gross negligence or willful misconduct.

Date: \_\_\_\_\_, 20\_\_

(Lessee)

\_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_

Print Name and Title

Date: \_\_\_\_\_, 20\_\_

Town of St. Armand

By: \_\_\_\_\_

\_\_\_\_\_

Print Name, Town Supervisor