



BALL FIELD PERMIT APPLICATION

IMPORTANT: All Permit Holders will be required to submit a copy of *Insurance* to the County prior to their field rental and meet all listed requirements. Please see below for details.

Have you rented a County ball field before? Yes No

NAME OF ORGANIZATION:	
League Name:	
Is your organization a non-profit? Yes No	
<ul style="list-style-type: none"> If YES, a submission of a 501(c)3 document is required to obtain the non-profit discount for field rentals. 	

PERSON ASSUMING RESPONSIBILITY:		Date of Birth:
Primary Contact #:	Secondary Contact #:	
Email Address:		
Street Address:		
City:	State:	Zip Code:

EVENT INFORMATION

Please be as accurate as possible. Teams that are found to use false or inaccurate details may receive an additional charge, as well as a revocation of their Permit, and possibly be revoked from applying for future ball field rentals. If any details change after application submission, please contact the Park's Admin office.

Please provide a detailed description of your event (i.e., are you having a tournament? Are you providing lessons/training?)		
Approximately how many people are you expecting to attend?	<i># of players?</i>	<i># of spectators?</i>
What is the general age group of the players?		
Are you charging admission and/or a fee? Yes No	<i>If YES, how much?</i>	
Do you plan on selling anything at your event? Yes No	<i>If YES, what would you be selling?</i>	
Additional notes (i.e., list of Special Requests or additional items):		

Requested Date & Field

Please use the chart below to list your requested date(s), along with the time and field you would like to reserve the field. **THIS FORM IS A REQUEST ONLY AND DOES NOT GUARANTEE ISSUANCE OF A PERMIT.**

No group is guaranteed the dates and times submitted.

Choice Number	Requested Date	Time	Field
1			
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3			
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Signature: _____

Date: _____

FIELD RULES AND REGULATIONS

- 1. IT IS THE RESPONSIBILITY OF THE BALL FIELD PERMIT HOLDER TO INSPECT THE GROUNDS PRIOR TO USE OF BALL FIELD(S) BY ENSURING THAT THE SOIL IS FIRM AND FREE OF OBSTACLES THAT COULD CAUSE PERSONAL INJURY OR FIELD DAMAGE. IF FIELD CONDITIONS ARE POOR AND RENDER THE USE OF THE PREMISES AS UNSAFE, THEN THE FIELD SHALL NOT BE USED.**
2. All persons given permission to use a field must abide by any and all directives given by the Allegheny County Police and Parks Personnel
3. All persons given permission to use a field assume all responsibilities in regard to injury and/or accident and all liabilities as per insurance requirements (see Ball field Use Agreement)
4. The issued permit must be kept with team at all times during field use
5. All persons given permission to use a field must use field issued on permit.
6. Exchanging of field permits with another team or individual is prohibited
7. No practice of any kind is allowed on field during the months of February and March
8. Fields will be scheduled for use starting April 1st (weather permitting)
9. After all scheduling has been completed, organizations may request additional dates, if available. Please call the Park Administrative Office where the field request was submitted.
10. All teams and individuals must abide by Park Policies and Regulations, listed on our website, during your time within Allegheny County Parks.

CERTIFICATE OF INSURANCE REQUIREMENTS (see attached example):

1. The organization listed as INSURED on the insurance must match the organization listed on the application
2. **Certificate of Insurance MUST name the County of Allegheny as the certificate holder and name the County of Allegheny, its Chief Executive, officers, agents, and employees as additional insured**
3. Licensee shall maintain the following minimum insurance coverages throughout the Rental Term: \$1,000,000 commercial general liability per occurrence/\$2,000,000 general aggregate, \$200,000 damage to rented premises, \$10,000 medical per person, workers' compensation at state minimum requirements, and \$1,000,000 umbrella/excess liability per occurrence

Rain outs Rescheduling Procedures

If you are rained out on a given night, you must contact the Park office within 24-hours of the next business day in order to receive a rain-date. Failure to contact the Park office within the allotted time will result in forfeiture of the rain-date. A total of two (2) rain-dates will be scheduled for the season. Contact the Park Office 24-hours in advance to reschedule rain-dates. It will be added to your schedule accordingly. All attempts to schedule your rain-date for the earliest possible time will be made.

Refund Policy

No refunds for field rentals.

If a field rental is canceled by the Parks Department, the Permit Holder will receive a credit on their Parks' account.

Parking

All parking must be in designated areas. No vehicles are permitted to park on grassy areas, behind backstops, or along the side of the field. Any vehicle parked illegally will be tagged and/or towed at the discretion of the County Police.

Permit Holder Signature: _____

Date: _____

BALL FIELD USE AGREEMENT

Permit Holder: _____

Group/Team Name: _____

Name of Ball field: _____

Effective Dates of Agreement: Start Date: _____ **End Date:** _____

The **Permit Holder** (as listed above) agrees to defend, indemnify, and hold harmless the County of Allegheny, its elective officials, officers, appointees, and employees from and against any and all loss, liability, and damages, of whatever nature to persons and property, including but not limited to death of any person and loss of the use of any property related to or resulting from the **Permit Holders** use of said Ball Field pursuant to this Agreement, or their respective officials, officers, appointees, or employees.

Further, the **Permit Holder** agrees to defend, indemnify, and hold harmless the County of Allegheny and their respective officials, officers, appointees, or employees from and against any and all claims and liability for compensation under any workman's compensation law arising out of injuries sustained or claimed to have been sustained by any employee of or an agent, licensee, contract, or subcontractor of the **Permit Holder**.

The **Permit Holder** has provided the County with a Certificate of Insurance that meets all insurance requirements as indicated on the Rules and Regulations page of the ball field application, evidencing the insurance coverage presently in effect for the **Permit Holder**.

The **Permit Holder** agrees to maintain that level of coverage during all operations pursuant to this Agreement. A comprehensive general liability insurance policy with a minimum limit of \$1,000,000 per occurrence is required. Said certificates shall include the County of Allegheny, its Chief Executive, elected officials, officers, appointees and employees as additional insured.

The **Permit Holder** agrees that it shall leave the Ball Field in as good condition as it received, except for reasonable wear and tear from uses permitted herein.

This Agreement will be deemed to have been made in and will be construed in accordance with the laws of the Commonwealth of Pennsylvania.

Signature of Permit Holder: _____ **Date:** _____

Signature of Allegheny County Personnel: _____ **Date:** _____



CERTIFICATE OF LIABILITY INSURANCE

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):
	E-MAIL ADDRESS:		
INSURED	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A :		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

Name of organization MUST match rental application

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ see DAMAGE TO RENTED PREMISES (Ea occurrence) \$ application for MED EXP (Any one person) \$ coverage PERSONAL & ADV INJURY \$ amounts GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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			WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

EXAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
ADDITIONAL INSURED: THE COUNTY OF ALLEGHENY, ITS CHEIF EXECUTIVE, ELECTED OFFICIALS, OFFICERS, AGENTS, APPOINTEES, AND EMPLOYEES AS RESPECT TO THE OPERATIONS OF THE NAMES INSURED.

CERTIFICATE HOLDER	CANCELLATION
THE COUNTY OF ALLEGHENY 542 FORBES AVENUE 211 COUNTY OFFICE BULDING PITTSBURGH, PA 15219	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