

**PARK PAVILION RENTAL**  
**AGREEMENT**

**RECEIVED**  
JUL 10 2024

BY: .....

**For Use of Facilities of the Town of Pendleton**  
**By Non-Town Organizations**

Name of Organization Amherst Alliance Church

Name of Representative Amanda Larson

Mailing Address 3915 Millersport Hwy Amhurst, NY 14228 Phone [Redacted]

Contact Person (if different) Amanda Larson Phone [Redacted]

Requests use of the facilities at  Town Hall  Park Shelter  Elementary  Old Highway Garage  
 Other (specify) Pav. #2

Room(s) (if applicable, please specify) \_\_\_\_\_

Equipment (if applicable, please specify) \_\_\_\_\_

Other (describe) \_\_\_\_\_

Date(s): Aug. 4, 2024 Time(s): Start 8  AM  PM; End 5  AM  PM

Please describe activity Church service, worship, picnic, games  
\*office@amherstalliancechurch.com

*It is mutually agreed that only the facilities listed above are to be used by the above named organization and only for the date(s) and time(s) requested.*

Date 7.9.2024 Signature of Organization Representative A Larson

Remarks \_\_\_\_\_

Note: It may become necessary to displace a group/activity due to unforeseen circumstances. Town of Pendleton activities will at all times take priority over non-Town activities.

**Town Clerk Authorization**

Date 7/10/24 Signature of Town Clerk Dmaures

*Park facilities use also requires* Signature of Highway Superintendent \_\_\_\_\_

Insurance Certificate Required  YES  NO Certificate Provided  YES  NO

Requested Facilities Available  YES  NO

Remarks pending TB approval

**Town Board Authorization**

Authorized by \_\_\_\_\_ Approved at \_\_\_\_\_ TB Meeting

Date \_\_\_\_\_ Signature / Title of Authorizing Authority \_\_\_\_\_

# PARK PAVILION RENTAL

## FACILITIES USE AGREEMENT RULES AND REGULATIONS

It is the responsibility of the Town Board to assure that the use of Town buildings, equipment and grounds will at all times meet New York State, Niagara County, and Town of Pendleton rules, regulations, ordinances, and law.

Your assistance and cooperation in following the rules identified below will assist the Town Board in fulfilling their responsibility to the community. Please be aware that any group unable to comply with these rules may be assessed for damages that occur to the Town facilities during use or have their building use privileges suspended or discontinued.

All groups requesting the use of Town of Pendleton facilities must agree to the following conditions:

1. Alcoholic beverages are not permitted on Town property
2. Smoking on Town property is not permitted
3. Fighting or other violent acts are not permitted on Town property
4. Any individual or group that damages Town property shall be responsible for all costs required for repair. Groups are responsible to report items damaged during use.
5. Groups are responsible to return the facilities to the same safe condition in which they were found. Nothing will be removed from any building at any time.
6. Groups are responsible to provide their own on-site supervision and shall remain with the group until all participants have left the premises. Participants should remain in the area that was approved for their use on their building use form.
7. Groups that have not received proper authorization from the Town to use Town facilities will not be permitted in/on Town properties. Proper authorization includes a Board-approved building use form.
8. **A Certificate of Insurance must be obtained with the Town of Pendleton as the certificate holder on the sponsoring group's liability policy, along with this signed form. In the description of the operations box the following must be included:**
  - a. The group name and activity
  - b. The Town must be named as Additional Insured on a **primary and non-contributory** basis including the following statement: "*Town of Pendleton and its employees, elected leaders, committee members, board members, are hereby named as Additional Insured.*" The Certificate **MUST** reference the policy form(s) being used to effect this **PRIMARY AND NON-CONTRIBUTORY** coverage.
9. **Certificate of Insurance must have the required insurance coverage checked (☐) below with carriers with an A.M. Best rating of A- or higher and licensed as "admitted" carriers by NYS Insurance Department :**
  - a.  Occurrence based **Commercial General Liability** coverage to include bodily injury, personal injury and property damage liability.

General Aggregate	\$2,000,000
Products & Comp/Ops. Aggregate	\$1,000,000
Personal & Adv. Injury	\$1,000,000
Each Occurrence	\$1,000,000
Fire Damage (any one fire)	\$ 50,000
Medical Expense (any one person)	\$ 5,000
  - b.  **Sexual Misconduct (Molestation or Abuse) Liability**

General Aggregate	\$2,000,000
Each Occurrence	\$1,000,000
  - c.  **Automobile Liability** insurance covering all owned, hired and "non-owned" vehicles with a minimum limit of:

Combined Single Limit	\$1,000,000
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  - d.  **Umbrella or Excess Liability**

Per Occurrence	\$5,000,000
Aggregate	\$5,000,000
  - e.  **Workers' Compensation** - evidence must be presented on form C-105.2 or U.26.3 or equivalent
  - f.  **New York Disability Benefits** - evidence must be presented on form DB-120.1 or equivalent

I Amanda Larson agree on behalf of the organization indicated below that all members and guests will observe the above regulations and that we, individually and as an organization, will assume full financial responsibility for any and all damages done to Town of Pendleton property. We also agree that our organization will at all times hereafter indemnify the Town of Pendleton against any loss, damage or expense of any kind, which said Town may sustain or incur as a result of the attached approved Facilities use by our organization and we will further hold said Town harmless for loss of any kind in connection therewith.

Amherst Alliance Church  
Name of Group

C. Hayden  
Signature - Requesting Officer

7-10-2024  
Date

**TOWN OF PENDLETON  
FACILITIES USE - GENERAL ANNOUNCEMENT**

**GENERAL ANNOUNCEMENT**

Directions: the group representative should make the following general announcement to the group participants.

**1.0 Cancellation of Program**

In the event the Town of Pendleton Town Hall is closed due to some unforeseen circumstance (inclement weather, power failure, etc.) your group may not be able to meet on that day. It is at the discretion of the Town Board to allow facilities usage in such circumstances.

Should this occur the Town will make every effort to make a general announcement on the local radio stations and/or Town website. Please advise your participants should this situation arise.

**2.0 Fire Alarms**

If the fire alarms sounds while your group is present in the building all participants must leave the building immediately. Prior to the start of your activity, the group should familiarize itself with the nearest exit routes and the quickest means of egress. Remember to evacuate the Town facility immediately when you hear the audible fire alarm!

**3.0 Safety Rules**

The safety and well-being of building occupants is of the utmost importance to the Town Board. Group representatives are required to inform all participants of the following items:

- 3.1 Designated parking areas.
- 3.2 Emergency exits and egress routes.
- 3.3 Construction activities and other "stay clear" areas in the buildings/grounds.
- 3.4 Adherence to all Facility Rules and Regulations

I Amanda Larson acknowledge that I have received a copy of the General Announcement sheet, emergency exiting and designated parking area diagrams and agree to assume the full responsibility for notifying the participants of the Amherst Alliance Church of these items.  
(Name of Group)

A Larson  
Signature - Requesting Officer

Amanda Larson  
Print Name

7.9.2024  
Date



AMHEALL-01

LHEENAN

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/9/2024

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).


<b>PRODUCER</b> American Church Group of New York, LLC P.O. Box 1310 Mechanicsburg, PA 17055	<b>CONTACT NAME:</b> Lori Heenan	
	<b>PHONE (A/C, No, Ext):</b> (800) 326-7200	<b>FAX (A/C, No):</b> (717) 763-5517
<b>E-MAIL ADDRESS:</b> service.ny@americanchurchgroup.com		
<b>INSURED</b>  Amherst Alliance Church 3915 Millersport Highway Amherst, NY 14228-1514	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Brotherhood Mutual Ins Co	<b>NAIC #</b> 13528
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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: <b>General Aggregate</b>	X		31M5A0437891	9/1/2023	9/1/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	\$
							OTHER	\$
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Town of Pendleton and its employees, elected leaders, committee members, board members are hereby named as additional insured on a primary non-contributory basis as the contract allows.

<b>CERTIFICATE HOLDER</b>  Town of Pendleton 6570 Campbell Blvd Lockport, NY 14094	<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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