



SAINT REGIS MOHAWK TRIBE

2019 Generations Park Complex Usage Application

Applicant Information

Name of Applicant: _____

Group/Organization: _____

Address of Applicant: _____

City/Town: _____ State/Province: _____ Zip Code: _____

Phone - (Day) : _____ (Evening): _____ (Cell): _____

E-mail: _____

Area Requested: (playground & bathrooms remain open for public)

- Generations Park Main Field
- Practice Field (behind lacrosse box)
- Tewathahita Trail Field
- Tewathahita Walking Trail
- Travis Solomon Memorial Lacrosse Box
- Pavilion
- Concession

Dates & Time

Dates Requested: Start: _____ Finish: _____

Day(s) Requested: *Check All Dates that apply:*

MON TUES WED THURS FRI SAT SUN

Program Time (s): _____ am/pm to _____ am/pm Number of Participants: _____

Brief Event Description: please provide a general outline of the event being coordinated. Please include any special accommodations (i.e. field striping, use of the scoreboard or other park equipment, notices posted to Face Book etc.)

Please attach field schematics diagram with measurements and any pertinent advertising flyers.

(Incomplete Application will be VOIDED - Complete each space)

Terms and Conditions for Usage

1. Prior to approval of your Generations Park Complex use request, you and your team must agree to the following terms and conditions:
 - a. Completion of the Release and Waiver of Liability Agreement for the Team/Organization.
 - b. Agree to ensure there is ABSOLUTELY NO ALCOHOL on the Park premises at any time due to use of facilities by your group.
 - c. Acknowledge pending event, proof of insurance will be required. Some events may require additional insurances. Where Insurance is required, Proof of Insurance must be provided *at least 72 hours prior to event*. Failure to do so may result in cancellation of event. Recreation Coordinator will discuss specific insurance concerns & requirements with your group.
 - d. Have each team participants and/or parent sign a waiver of liability.
 - e. Ensure all areas are respected and maintained during use.
 - f. Inspection and cleanup area during and after use. Removal of all individual and team garbage when you leave.
 - g. Monday, Wednesday, and Sunday are designated for open floor time for all persons interested in using the Travis Solomon Memorial Lacrosse Box. No Reservations will be taken on these three days.

Equitable time and usage will be given to all.

I have read and agree to adhere to the above Terms of Agreement during my scheduled time at the Generations Park Complex.

Print Name

Signature

Date

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____, on behalf of the _____
(Print Name) (Organization Name)

hereby release the Saint Regis Mohawk Tribe, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives from any and all actions, claims, or demands that I, my assignees, heirs, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to the use of the premises of the Saint Regis Mohawk Tribe, the negligence or other acts, whether directly connected to these activities or not, and however caused, by any or the condition of the premises where these activities occur.

I also agree that I, my assignees, heirs, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any connection with any of the matters covered by the foregoing release. I also agree that the _____
(Organization Name)

shall indemnify the Saint Regis Mohawk Tribe from any claims of third parties who attend the event sponsored by the _____.
(Organization Name)

I hereby verify by my signature below that I have read and fully and understand each of the conditions of this release and Waiver of Liability Agreement for participating in and utilizing the property of the Saint Regis Mohawk Tribe and I accept each of the conditions of the Release and Waiver of Liability set forth above.

Signature Date

Title/Organization/Team Representation

TEAM ROSTER

Team Name: _____ Date: _____

of Coaches: _____ Head Coach Name: _____

Names of addition Coaches/Trainers: _____

No.	Player Name	Signature (Parental Signature required for minors)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
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20		

(Attach additional names if roster exceeds 20 participants)