

Date

William H. Miner Agricultural Research Institute

PO Box 90 1034 Miner Farm Road Chazy, New York 12921 (518) 846-7121 Fax # (518) 846-8445

APPLICATION FOR USE OF FACILITIES

Today's Date:		Date(s) Requeste	Date(s) Requested:	
Facilities Requested:				
INFORMATION ABOUT G	ROUP			
Name of Organization or Individual	:			
Time Event Begins:	_ a.m. / p.m.	Supervisor in charge:		
Time Event Ends:	_ a.m. / p.m.	Telephone: (Day)		
		(Night)		
Mailing Address:				
Purpose of Use:				
	☐ No If need		Children:	
them. He/she agrees to be responthe above stated organization do Institute from and against any and	isible to Miner In es hereby cover all liability, loss, c age, to the extent	stitute for the use and care nant and agree to defend, damages, claims, or actions (i permissible by law, arising o	egulations and agrees to comply with of the facilities. He/she, on behalf of indemnify and hold harmless Miner including costs and attorneys fees) for out of or in connection with the actual ove stated organization.	

Signature of Organization's Representative



William H. Miner Agricultural Research Institute

PO Box 90 1034 Miner Farm Road Chazy, New York 12921 (518) 846-7121 Fax # (518) 846-8445

READ REQUIREMENTS ON THE BACK AND RETURN APPLICATION TO:

Miner Institute, P.O. Box 90, Chazy, NY 12921 Attention: Kirk E. Beattie, Treasurer

FACILITY USE REQUIREMENTS

- 1. Organizations wishing to use Miner Institute facilities shall first apply on the prescribed form.
- 2. Any damage to Miner Institute facilities shall be promptly repaired at the user's expense. No exceptions.
- 3. If maintenance personnel are not available, make sure all doors are locked and lights are turned out when leaving.
- 4. Any organization with youth under 18 years old requires the presence of adequate adult supervision at all times.
- 5. Smoking or other use of tobacco products is not allowed in Miner Institute buildings.
- 6. All users must provide the following insurance prior to using facilities.
 - A. The user hereby agrees to name Miner Institute as an unrestricted additional insured on the user's policy.
 - B. The policy naming Miner Institute as an additional insured shall:
 - be an insurance policy from an A.M. Best rated "secured" New York State insurer, permitted to do business in New York State;
 - contain a 30 day notice of cancellation;
 - state that the organization's coverage shall be primary coverage for Miner Institute, its Board, employees and volunteers;
 - additional insured status shall be provided with ISO endorsement CG 20 26 11 85 or its equivalent.
 - C. The user agrees to indemnify Miner Institute for any applicable deductibles.
 - D. Required Insurance: **Commercial General Liability Insurance** \$1,000,000 per occurrence/ \$2,000,000 aggregate.
 - E. User acknowledges that failure to obtain such insurance on behalf of Miner Institute constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to Miner Institute. The user is to provide Miner Institute with a certificate of insurance, evidencing the above requirements have been met. The failure of Miner Institute to object to the contents of the certificate or the absence of same shall not be deemed a waiver of any and all rights held by Miner Institute.
- 7. In the event of an accident, please notify a custodian on duty, or call the Farm Office by the next business day.
- 8. Miner Institute does not discriminate on the basis of race, color, national origin, physical impairment or sex in its educational programs or employment services.