



ALLEGHENY COUNTY
DEPARTMENT OF PARKS

CLARENCE J. HOPSON
DEPUTY DIRECTOR OF RECREATION

BALLFIELD PERMIT APPLICATION

TODAY'S DATE: _____

ORGANIZATION/TEAM: _____

NAME OF LEAGUE: _____

NAME OF PERSON ASSUMING RESPONSIBILITY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (DAY) _____ (EVENING) _____

NUMBER OF DATES FOR SCHEDULE: _____

REQUESTED DATE AND FIELD:

1ST CHOICE....STARTING DATE: _____ DAY OF WEEK: _____ TIME: _____

FIELD: _____ DATE: _____

2ND CHOICE....STARTING DATE: _____ DAY OF WEEK: _____ TIME: _____

FIELD: _____ DATE: _____

1		6		11		16	
2		7		12		17	
3		8		13		18	
4		9		14		19	
5		10		15		20	

RAIN-OUTS RESCHEDULING PROCEDURES:

- * If you are rained out on a given night, you must contact this park within 24 hours or the next business day in order to receive a rain-date. A failure to contact this 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 re-schedule rain-dates. It will be added to your schedules accordingly. All attempts to schedule your rain-date for the earliest possible time will be made.

PARKING:

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

In making application for a permit for league play, I and the other individuals of this team and league, agree to abide by all rules and regulations in this applications and the published rules and regulations set forth by the Parks Division and all directives of the County Police. I, and the other individuals understand that violation of any rules will result in revocation of the permit and/or materials, plus, that we as an organization will be revoked from applying for field permits in the future.

SIGNATURE:

_____ **DATE:**

**NOTE: THIS IS ONLY AN APPLICATION AND DOES NOT GUARANTEE ISSUANCE OF A PERMIT.
(REVISED: 01/10 – BHaas)**

FIELD PLAYABILITY, RULES AND REGULATIONS:

The permit holder will decide if the field is playable. This person will use common sense and good judgement in the decision to play. The soil must be firm and free of obstacles that could cause personal injury or field damage before play begins. Water can be broom-dried to remove puddles from infield to expedite play.

- * All persons, if given permission to use a field, will abide by all and any directives from the County of Allegheny Police and Parks Personnel.
- * All teams and individuals given permission to use a field assume all responsibilities in regards to injury and/or accident and all liabilities, as per insurance requirements listed on Page 4 and 5.
- * Permits must be kept with team while using field at all times.
- * Teams and individuals given permission to use a field must use the field assigned.
- * No exchanging of field permits with another team or individual is allowed.
- * No practice of any kind is allowed on fields during the months of February and March.
- * Fields will be scheduled for use April 1 (Weather Permitting).
- * Fields will be available Monday through Friday all day (EXCEPT HOLIDAYS). Also, fields will be available Saturday and Sunday from 9:00 a.m. to 12:00 Noon. Non-discounted Hours: Saturday & Sunday, 12:00 Noon – 9:00 p.m.
- * Each organization, fee and non-fee, will be permitted to request 20 dates.
- * After all scheduling has been completed, organizations may request additional dates if available. Please call the Park Permit Office where the field request was submitted.
- * All teams are responsible for lining their own fields; you must use Field White only.

BALL FIELD USE AGREEMENT

Name of Organization: _____

Name of Ball Field: _____

Effective dates of agreement: From:_____ **To:**_____

_____ 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 _____ use of said Ball Field pursuant to this Agreement, except for the intentional misconduct of the County, or their respective officials, officers, appointees or employees. Further, _____ 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, contractor, or subcontractor of _____.

_____ has provided the County with a Certificate of Insurance, a copy of which is attached as Exhibit "A" hereto, evidencing the insurance coverage presently in effect for _____.

_____ 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 certificate shall include the County of Allegheny, its Chief Executive, elected officials, officers, appointees and employees as additional insured.

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

If _____ would like to make a donation of money to the County, such donations will be made payable to the Treasure of the County of Allegheny. Any donations of money or material will be used solely for the betterment of the County Parks and Special Event activities.

The provisions, covenants and conditions in this Agreement apply to bind the parties, their legal heirs, representatives, successors and assigns.

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

WITNESS:

COUNTY OF ALLEGHENY

By _____

WITNESS:

By _____

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
A

INSURED

**DO NOT FILL OUT THIS PAGE
IT IS ONLY AN EXAMPLE**

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 1,000,000 MED EXP (Any one person) \$ 1,000,000								
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Non-Owned/Hired Auto Physical Damage	Non-Owned/Hired Auto Physical Damage limit is \$1,000,000. Deductible is 10% of Loss, \$2,500 Minimum \$7,500 Maximum			COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$								
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>EL EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>EL DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> <tr> <td>EL DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	EL EACH ACCIDENT	\$	EL DISEASE - POLICY LIMIT	\$	EL DISEASE - EA EMPLOYEE	\$
WC STATUTORY LIMITS	OTHER												
EL EACH ACCIDENT	\$												
EL DISEASE - POLICY LIMIT	\$												
EL DISEASE - EA EMPLOYEE	\$												
B	OTHER Miscellaneous Equipment Third Party Property Damage				\$1,000,000 Limit/\$3,500 Ded. \$1,000,000 Limit/\$2,500 Ded. \$1,000,000 Limit/\$1,500 Ded.								

EXAMPLE CERTIFICATE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The certificate holder is included as an additional insured as respects to the operations of the named insured and/or loss payee as their interests may appear for

CERTIFICATE HOLDER

County of Allegheny, its Chief Executive elected officials, officers, appointees and employees as additional insureds
 445 Fort Pitt Boulevard, Suite 300
 Pittsburgh, PA 15219

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Michael Seyer