



# SAINT REGIS MOHAWK TRIBE

## Generations Park Complex Usage Application

Please Note: This form can be printed out and dropped off at Generations Park during regular business hours or emailed to [generations.park@srmt-nsn.gov](mailto:generations.park@srmt-nsn.gov). You can also fill it out by using Adobe to enable the signature lines and then sending by email. If you are having issues, please contact the office at 518-358-9009 for assistance.

### Applicant Information

Event Title: \_\_\_\_\_ Fundraiser: Yes \_\_\_\_ No \_\_\_\_

Group/Organization: \_\_\_\_\_

Contact/Applicant \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

City/Town: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_ (Cell): \_\_\_\_\_

E-mail\*: \_\_\_\_\_

### Area Requested: (trails, playground, & bathrooms always remain open for public)

_____ Main Soccer Field	_____ Practice Field (behind lacrosse box)
_____ Baseball Field (Walking Trail Field)	_____ Tewathahita Walking Trail
_____ Travis Solomon Memorial Lacrosse Box	_____ Pavilion
_____ Concession Stand	_____ Basketball Court
	_____ Other Area _____

### Dates & Time

Date(s) Requested: \_\_\_\_\_

Event Time(s): \_\_\_\_\_ to \_\_\_\_\_ (Use a separate sheet of paper if multiple/different times)

Recurring Day(s) Requested: *Check All Days that apply:*

MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_ THUR \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

Estimated Number of Participants at Each Day: \_\_\_\_\_ (This is for your parking needs)

**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 Facebook etc.) *Please attach field schematics diagram with measurements and any pertinent advertising flyers.*

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## Terms and Conditions for Usage

1. Prior to approval of your Generations Park Complex usage request, you and your team must agree to the following terms and conditions:
  - a. Completion of the "Applicant Release and Waiver of Liability Agreement" for the team/organization.
  - b. Completion of "Participant/Legal Guardian Waiver of Liability" for each participant.
  - c. Agree to ensure there is **ABSOLUTELY NO ALCOHOL or TOBACCO USE** on the Park premises at any time by your group.
  - d. Acknowledge that proof of insurance will be required for some events. In instances 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. Generations Park staff will discuss specific insurance concerns & requirements with you prior to approval.
  - e. Ensure all areas of the park are respected and maintained during use.
  - f. Acknowledge that all litter on the grounds and general clean-up of rented areas are the responsibility of the renter. For larger events, we suggest organizing a cleaning crew to come in after the event is over to clean up. If needed a dumpster is located next to the Lacrosse Box. Park staff will remove trash/recycling from the cans and replace with new bags.
  - g. Must immediately notify Generations Park staff of any cancellations. Any changes dates/times/locations must be requested and receive prior approval.
  - h. Weather and field conditions may require your event to be canceled or rescheduled, Generations Park staff will contact you to discuss alternative options.
  - i. **PARKING: If your event requires more than 45 parking spots, you are responsible for contacting the Office for the Aging 518-358-2963, SRMT Tribal Building 518-358-2272, and/or the Diabetes Center 518-358-9667 to request permission to use their parking lots for your event.**
  - j. I acknowledge that failure to uphold these terms and conditions may impact any future requests for Generations Park from my team/organization.
  - k. I acknowledge that Generations Park staff reserve the right to cancel at any time.

**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.**

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Print Name

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Signature

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Date

## APPLICANT 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.

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

## PARTICIPANT/LEGAL GUARDIAN WAIVER OF LIABILITY AGREEMENT

**WARNING:** FIELD AND BOX SPORTS ARE DANGEROUS ACTIVITIES. BY ENGAGING IN SUCH ACTIVITIES AS FIELD AND BOX SPORTS, OR ANY ACTIVITY THAT IS CONSIDERED HIGH RISK, THE PARTICIPANT ACCEPTS THE RISK OF SERIOUS INJURY OR DEATH.

**THIS IS A RELEASE OF LIABILITY—YOU MUST READ AND FULLY UNDERSTAND THIS BEFORE SIGNING. IF THE PARTICIPANT IS UNDER THE AGE OF 18, THE PARENT OR LEGAL GUARDIAN MUST SIGN THIS WAIVER.**

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address	City	State	ZIP
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Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

I, \_\_\_\_\_, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby acknowledge that I voluntarily have applied to participate and use the Generations Park Complex. I understand that the act of any sport necessarily involves known and unknown risks of injury to me and other people, which includes but is not limited to death, permanent or temporary paralysis, disability, illness or disease, physical or mental damage, or other injury, as well as damage to my equipment and personal property.

Some of these risks include the risks inherent in any such sport, such as falling and coming into contact with ramps and walls, latent or apparent defects or conditions in equipment or property, and passive or active negligent acts of myself, the sporting organization, officials and property owners.

I understand that the above list of risks is not complete or exhaustive and that those and other risks known or unknown, anticipated or unanticipated may also result in injury, death, illness, disease to myself or my property or other third parties. I voluntarily agree and promise to accept and assume responsibilities, and injuries, death, illness, disease or damage to myself or my property arising from my participation at any time while at the Generations Park Complex. I further understand that the Saint Regis Mohawk Tribe assumes no liability for loss, damage, or any kind of injury sustained by myself or my property while using any area of the Generations Park Complex.

I therefore assume all risks associated with using the Park, even if they arise from the negligence of the Saint Regis Mohawk Tribe. My participation at Generations Park Complex is voluntary and no one is forcing me to participate in spite of the risks. I understand the effect of this waiver and acceptance of risk on my legal rights.

## FOR PARTICIPANTS UNDER 18 YEARS OF AGE

This is to certify that I, as a parent or guardian with legal responsibility for the above named participant, do consent and ratify his/her release of the Saint Regis Mohawk Tribe, and its officials and employees, and, for myself, my heirs, assigned, personal representatives and next of kin, I release and agree to indemnify the Saint Regis Mohawk Tribe, and its officials and employees from any and all liabilities incident to my minor child's involvement or participation at the Generations Park Complex as provided above, even if arising from the negligence of the Saint Regis Mohawk Tribe, and its officials and employees, to the fullest extent permitted by law. I have carefully read this release of liability and understand and fully agree with its contents.

Name of Parent/Guardian (Print)

Date of birth

***Signature of Parent/Guardian***

**Today's Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Phone (       )                      -**

## 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		
18		
19		
20		

(Attach additional names if roster exceeds 20 participants)