# LAUREN J. MASSET RECREATION SUPERVISOR

#### **TOWN OF WEST SENECA**

TOWN SUPERVISOR
GARY DICKSON
TOWN COUNCIL
WILLIAM HANLEY
WILLIAM BAUER
JOSEPH CANTAFIO
JEFFREY PIEKAREC

TO:

Honorable Town Board / Town of West Seneca

FROM:

Lauren J. Masset

**Recreation Supervisor** 

DATE:

May 14, 2021

RE:

West Seneca Kiwanis Club - Annual Craft Show and Chicken BBQ 2021

Please allow the Supervisor to execute the necessary documents to enter into agreement with the West Seneca Kiwanis Club for their Annual Craft Show and Chicken BBQ event on August 7, 2021.

West Seneca Youth & Recreation

Mailing Address: 1250 Union Rd, West Seneca, NY 14224 Office Address: 1300 Union Rd, West Seneca, NY 14224

Telephone Number: 716-674-6086

Email: lmasset@twsny.org

Website: www.westseneca.net Facebook: West Seneca Youth & Recreation

Twitter: WS\_REC

## NON-EXCLUSIVE FACILITIES USAGE PERMIT & LICENSE AGREEMENT TOWN OF WEST SENECA RECREATION DEPARTMENT

This Non-Exclusive Facilities Usage Permit & License Agreement (the "Agreement") is by and between the Town of West Seneca, located at 1250 Union Road, West Seneca, New York (the "Town"), and the insured, West Seneca Kiwanis Club, located at 50 Legion Drive, West Seneca, New York, (the "Licensee") (collectively, the "Parties"), and is effective the date it was executed on behalf of the Town (the "Effective Date").

#### Recitals

WHEREAS, the Town owns and operates certain recreation facilities, including but not limited to: pavilions, baseball diamonds, softball diamonds, soccer fields, community center gym and an ice rink; and

WHEREAS, the Licensee desires to use a Town owned and operated recreation facility for the purpose of conducting a chicken barbeque and craft show; and

WHEREAS, the Town is willing to permit the Licensee, and its employees, volunteers, agents, representatives and invitees to use the Facilities upon the terms, and subject to the conditions set forth in this Agreement.

### NOW, THEREFORE, the Parties agree as follows:

- 1. Subject to the conditions, obligations and terms of this Agreement, including the Facilities Usage Rules and Regulations, set forth and attached hereto as EXHIBIT A, the Town grants the Licensee and the Licensee's Permitted Users a non-exclusive license (the "License") to use the facilities set forth herein. By executing this Agreement, Licensee acknowledges and affirms it has reviewed and understands it shall by obligated to follow the Facilities Usage Rules and Regulations. Such use shall be solely for the Permitted Use as set forth below.
- 2. The License shall be permitted use of the south lawn at 1250 Union Road, West Seneca, New York at Union Road and Main Street, Kiwanis Pavilion, and adjacent parking lots on August 7, 2021 from 7:00 a.m. to 7:00 p.m. Any changes to any provisions set forth in this section must be agreed to in writing by the Town, acting in its sole discretion.
- 3. The term of this Agreement shall commence on August 7, 2021 at 7:00 a.m. to 7:00 p.m., unless terminate earlier in writing as provided by the Agreement.
- 4. The Licensee designates the individual named below (the "<u>Licensee</u> Representative") as the Licensee's authorized representative with whom the Town will work to facilitate the Permitted Use of the Facilities. The Town shall have the absolute right to rely upon

#### PAGE 1 OF 4

representations and warranties made by the Licensee Representative purportedly on behalf of the Licensee:

#### Licensee Representative

Name and Title:

Kevin Love, Director

Address:

78 Nancycrest Lane, West Seneca, NY 14224

Phone:

(716) 997-8553

Email:

klove.wsk@gmail.com

- There is no charge by the Town of West Seneca for this use.
- 6. The Parties acknowledge that there is a COVID-19 public health emergency and that Licensee, including its owners/operators/employees/players/spectators, must take precautions to help protect again the spread of COVID-19. The Licensee will ensure that the organization adheres to all guidelines and rules made by the Centers for Disease Control and Prevention (CDC), New York State Department of Health, Erie County Department of Health, and Town of West Seneca, if applicable, and any changes to those guidelines and rules. It will be the responsibility of the Licensee to be abreast of any changes to aforementioned guidelines and rules.
- 7. The Licensee, on behalf of its owners/operators/employees/players/spectators, acknowledge the contagious nature of COVID-19 and further acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, or death. The Licensee hereby forever releases and waives any right to bring suit against the Town of West Seneca, and its officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing the Town's Facility. The Licensee understands that this waiver means they give up their right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim seeking damages, whether known or unknown, foreseen or unforeseen.
- 8. Failure of the Parties to agree upon any changes to, or extension of, the Permitted Use Dates will result in expiration of the Term; if that occurs, the Town will have no liability for damages of any kind whatsoever to the Licensee. The Town, in its sole discretion, may terminate this Agreement on the basis of any termination right set forth anywhere in this Agreement, including but not limited to any violation of the Facilities Usage Rules and Regulations.
- 9. The Licensee will only engage in Permitted Uses, all other uses are prohibited. The Licensee will engage in Permitted Uses in a manner that will protect and not damage the Facilities and will immediately notify the Town in writing of any prohibited uses by the Licensee or its invitees.

- 10. The Licensee will cooperate and will cause the Licensee's Representative and its invitees to cooperate with the Town's personnel at all times.
- The Licensee agrees to indemnify and hold harmless the Town from any and all 11. liability, damages, expenses, causes of action, suits, judgments and claims of any nature arising out of or in any manner connected with injury to persons or property which results from the Town's use and access of the Facilities, only to the extent that such liability, damages, expenses, causes of action, suits, judgments and claims do not arise out of the Town's negligence. The Licensee will maintain, or cause to be maintained, in full force and effect, at the Licensee's expense, one or more policies of general comprehensive liability insurance (the "Licensee's Liability Insurance") with combined single limit coverage of at least one million dollars (\$1,000,000.00) per occurrence, and at least two million dollars (\$2,000,000.00) in the aggregate, naming the Town as an additional insured. If the Certificates of Insurance, demonstrating insurance coverage required by this Section, are not received by the Town prior to the Permitted Use Dates, then the Town in its sole discretion may terminate this Agreement and/or prohibit the Licensee use of the Facilities. Certificates of Insurance upon their approval by the Town shall become part of this Agreement and shall be attached hereto as EXHIBIT B. An approved insurance certificate must be filed at least ten (10) days prior to Licensee's use of the Facilities. Failure to provide a Certificate ten (10) days prior to use may result in termination of this Agreement.
- 12. Each of the Parties acknowledges that it is not an agent for the other, and the Parties will not make any such assertions. This Agreement may be executed on behalf of the Town by any authorized Recreation Personnel, as designated by the Town Board. In the event any provision of this Agreement is determined to be invalid of unenforceable, the remainder shall remain in force as if such provision were not a part. This Agreement sets forth the entire understanding between the Parties and may be amended solely upon the written mutual agreement of the Parties.

#### TOWN OF WEST SENECA

Signature:	
Printed Name:	Gary Dickson, West Seneca Town Supervisor
Dated:	
(LICENSEE)	al. D 11
Signature:	Mun Tich
Printed Name:	KEVIH P. LOVE
Dated:	3-13-51

#### **EXHIBIT A - Facilities Usage Rules and Regulations**

- a. If the Town cancels events, games, gatherings or other scheduled activities due to weather or any other
  conditions, Licensee is prohibited from using the facilities. If Licensee cancels any scheduled use or will
  not be using the scheduled facility use, the Recreation Department must be notified in advance. The Town
  will, at the request of the Licensee, make a good faith effort to reschedule any uses canceled by the Town
  due to weather. If the town is unable to reschedule any canceled game, Licensee will not be entitled to any
  refund from the Town.
  - b. Fees will not be refunded or adjusted should the Licensee fail to use the date they reserved. Fees will not be refunded or adjusted if usage is canceled due to weather related issues. Usage dates are not required to be rescheduled if they are canceled for weather related issues.
  - c. The Town of West Seneca reserves the right to deny a refund of fees should the Licensee wish to withdraw from usage prior to it's scheduled start date.
- 2. Licensee agrees to pay the Town the total rental fee for use of the Town facility specified upon execution of this agreement. (Payment in full is required) Unless otherwise listed in section 5 of this agreement.
- 3. Licensee agrees to follow all local laws and any rules posted at the facility or park they are using.
- 4. Licensee is responsible for keeping vicinity free and clear of debris and garbage.
- 5. No alcoholic beverages or rowdiness will be allowed on the premises or in the immediate vicinity of any Town facilities or property.
- 6. There is no smoking of any kind permitted at any town facility.
- 7. When using the Ice Rink all "Rink Rules" must be followed. These are posted in the main lobby of the ice rink.
- 8. Failure of Licensee to abide by the terms of this agreement may result in cancellation of this License by the Town.
- 9. Licensee acknowledges that its players have made themselves familiar with the terms of the Agreement and finds such terms acceptable.
- 10. Players and spectators WILL stay OFF the berm, if using the West Seneca Soccer Park.
- 11. Parking spots cannot be reserved for any Town facility.
- 12. West Seneca Youth & Recreation reserves the right to cancel any scheduled use at any time, with no notice.
- 13. If using the West Seneca Ice Rink no "outside" food or drink should be brought in. Food should be purchased from the concession area within the rink.
- 14. If using the West Seneca Soccer Park no grills are allowed.
- 15. The Town of West Seneca reserves the right to cancel this agreement at anytime, with no reason, cause or notice.
- 16. Failure to abide by this agreement and work in harmony with the Town of West Seneca could result in termination of this agreement. No refunds will be given. All fees will still be owed for future reserved field uses.

#### EXHIBIT B – Certificate of Insurance



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/7/2021

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 this certificate does not confer rights to the certificate holder in lieu of				require an endorsemen	t. A st	atement on	
RODUCER	CONTA NAME:						
Hylant - Indianapolis		CONTACT Lisa Christenson  PHONE (A/C, No, Ext): 317-817-5172  FAX (A/C, No): 317-817-5151					
0401 North Meridian St, Ste 200 ndianapolis IN 46290	I E MAAII	ss: kiwanisc			:017-01	7-3131	
ndianapolis IN 46290	ADDRE					NAIC#	
	INCUE	INSURER A: Lexington Insurance Company				19437	
SURED KIWA	NO3					19437	
Giwanis International, All Clubs and Their Members		J					
636 Woodview Trace	10 m 5 m 10 m 10 m 10 m	INSURER C: INSURER D:					
ndianapolis IN 46268		INSURER E :					
OVERAGES CERTIFICATE NUMBER: 16870255		INSURER F :					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW		HE POL	ICY PERIOD				
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	ON OF AN'	CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO V	WHICH THIS	
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFO EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HA					O ALL T	HE TERMS,	
R		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TO		
R TYPE OF INSURANCE INSD WVD POLICY NUMBER  X COMMERCIAL GENERAL LIABILITY Y 013136005	R	(MM/DD/YYYY) 11/1/2020	11/1/2021		T	000	
CLAIMS-MADE X OCCUR		11/1/2020	11/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,0		
				MED EXP (Any one person)	\$5,000		
X Liquor Liability				PERSONAL & ADV INJURY	\$ 2,000,	,000	
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2,000,	,000	
POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$ 2,000,	,000	
OTHER:				Liquor Liability	\$ 1,000,	,000	
AUTOMOBILE LIABILITY 013136005		11/1/2020	11/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,	,000	
ANY AUTO				BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS ONLY AUTOS				BODILY INJURY (Per accident)	\$		
X HIRED X AUTOS ONLY X NON-OWNED AUTOS ONLY X AUTOS ONLY X				PROPERTY DAMAGE (Per accident)	\$		
					\$		
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$		
DED RETENTION \$					\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				PER OTH- STATUTE ER		_	
ANYPROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$		
(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE \$			
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$		
Self-Insured Retention 013136005		11/1/2020	11/1/2021	All Claims	\$75,00	00	
SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schole Certificate Holder and others as defined in the written agreement are add spect to the General Liability only regarding the following Kiwanis event (set upus 17, 2021 or any future date(s) during the policy term. rive through chicken Bar B Q // vent location: Kiwanis picnic shelter, town park, West Seneca, NY wanis Club of West Seneca, Inc.	ditional insu	ired subject to	o the terms, o	conditions, and exclusions	s on the ed).	policy with	
ERTIFICATE HOLDER	CANC	CANCELLATION					
ENTIFICATE HOLDER	CANC	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					
Town of West Seneca Attn: Town Supervisor	THE						
1250 Union Road	AUTHOR						
West Seneca NY 14224	On	Gudy K. Wilson					

#### **ENDORSEMENT**

This endorsement, effective 12:01 AM 11/01/2020

Forms a part of policy no.: 013136005

Issued to: KIWANIS INTERNATIONAL, INC.

By: LEXINGTON INSURANCE COMPANY

#### ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

(Based on CG 2026 04/13)

This endorsement modifies insurance provided by the following:

#### COMMERCIAL GENERAL LIABILITY POLICY

#### SCHEDULE

Name of Additional Insured Person(s) or Organization(s)

Town of West Seneca Attn: Town Supervisor 1250 Union Road West Seneca, NY 14224

Information required to complete this Schedule, if not shown above, will be shown in the Declarations

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
  - 1. In the performance of your ongoing operations; or
  - 2. In connection with your premises owned by or rented to you.

#### However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations

All other terms and conditions of the policy remain the same.

**Authorized Representative** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/10/2021

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

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

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). CONTACT NAME: Lisa Christenson PHONE (A/C, No, Ext): 317-817-5172 ylant - Indianapolis FAX (A/C, No): 317-817-5151 0401 North Meridian St. Ste 200 ADDRESS: kiwaniscert@hylant.com dianapolis IN 46290 INSURER(S) AFFORDING COVERAGE NAIC# 19437 INSURER A: Lexington Insurance Company KIWAN03 URED INSURER B: wanis International, All Clubs and Their Members INSURER C: 336 Woodview Trace dianapolis IN 46268 INSURER D: INSURER E: INSURER F: **VERAGES CERTIFICATE NUMBER: 429508374 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 NDICATED. 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. POLICY EFF (MM/DD/YYYY) ADDLISUBR POLICY EXP (MM/DD/YYYY TYPE OF INSURANCE INSD WVD **POLICY NUMBER** COMMERCIAL GENERAL LIABILITY X 013136005 11/1/2020 11/1/2021 **EACH OCCURRENCE** \$2,000,000 DAMAGE TO RENTED CLAIMS-MADE | X | OCCUR PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$5.000 PERSONAL & ADV INJURY \$2,000,000 Liquor Liability GENERAL AGGREGATE \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$2,000,000 \$1,000,000 Liquor Liability COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** 013136005 11/1/2020 11/1/2021 \$1,000,000 ANY AUTO BODILY INJURY (Per person) \$ OWNED SCHEDULED BODILY INJURY (Per accident) \$ AUTOS ONLY HIRED AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) X \$ AUTOS ONLY AUTOS ONLY \$ UMBRELLA LIAB **EACH OCCURRENCE** \$ OCCUR **EXCESS LIAB** AGGREGATE CLAIMS-MADE \$ RETENTION \$ DED WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$ OFFICER/MEMBEREXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$75,000 11/1/2020 All Claims 013136005 11/1/2021 Self-Insured Retention CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) e Certificate Holder and others as defined in the written agreement are additional insured subject to the terms, conditions, and exclusions on the policy with spect to the General Liability only regarding the following Kiwanis event (setup, take down & rain date(s) during the policy term are included). gust 7, 2021 or any future date(s) during the policy term. aft show ent location: Kiwanis picnic shelter, town park, West Seneca, NY vanis Club of West Seneca, Inc. RTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Town of West Seneca Attn: Town Supervisor 1250 Union Road AUTHORIZED REPRESENTATIVE West Seneca NY 14224

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Forms a part of policy no.: 013136005

Issued to: KIWANIS INTERNATIONAL, INC.

By: LEXINGTON INSURANCE COMPANY

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(Based on CG 2026 04/13)

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#### SCHEDULE

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Town of West Seneca Attn: Town Supervisor 1250 Union Road West Seneca, NY 14224

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  - 1. In the performance of your ongoing operations; or
  - 2. In connection with your premises owned by or rented to you.

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law;
   and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations

All other terms and conditions of the policy remain the same.

**Authorized Representative**