



Facilities Reservation Form

Facility Requested:

- Agroforestry Resource Center, 6055 Route 23, Acra, NY 12405 (518-622-9820)*
 - Conference Room
 - Siuslaw Model Forest
 - Other _____
- Extension Education Center, 479 Route 66, Hudson, NY 12534 (518-828-3346)*
 - Meeting Hall
 - Other _____

Organization: _____

Program Title: _____

Date: _____ Estimated Audience Size: _____

Arrival Time: _____

Meeting/Program Start Time: _____

Departure Time: _____

Total Hours: _____

Contact Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Billing Address (if different from contact person):

Name: _____

Address: _____

Phone: _____

Fees	
<input type="checkbox"/> Facilities Use ½ day (4 hours)	\$100.00
<input type="checkbox"/> Facilities Use entire day (4+-8 hours)	\$150.00
<input type="checkbox"/> Technical support	\$50.00
<input type="checkbox"/> Additional fee for evening/weekend set-up	\$100.00

USE OF CCE FACILITIES BY OUTSIDE GROUPS

Cornell Cooperative Extension Association of Columbia and Greene Counties gives permission

to _____(LICENSEE)

for the use of the following described facilities: _____

on the dates of _____ subject to the following terms and conditions:

1. LICENSEE shall indemnify and hold harmless EXTENSION, their employees, volunteers, agents, Directors and officers and Cornell University from and against any and all actual or alleged claims, suits or demands of any kind and nature whatsoever that result from injury or illness to any person or persons, including death, or damage to property arising out of any act or omission of the LICENSEE, its employees, volunteers, participants or agents and arising out of its use and occupancy of the premises indicated above. LICENSEE shall be fully responsible for supervision and care of minors. LICENSEE is solely responsible for examining the facilities for suitability for all activities contemplated herein and accepts the facilities "as is".
2. The LICENSEE shall provide an original Certificate of Insurance to EXTENSION at least ten (10) business days prior to the first date of facility usage or event showing evidence of the following minimum limits of insurance or as required by law, whichever is greater. Said certificate shall name Cornell Cooperative Extension of Columbia and Greene Counties as **additional insured** with not less than 30 days notice of cancellation. Copies of the certificates must be sent to P. W. Wood & Son, Inc., PO Box 4798, Ithaca, NY 14852 by the insurance agent/broker within five (5) business days of execution of this Agreement and no later than (10) days prior to the use of the Facility. All insurance must be written in a New York State licensed insurance company with a Best's rating of A- or better. Certificate must be an original signed by an authorized representative of the insurance company and indicate the event/reason for facilities usage on the Certificate. Insurance required of the LICENSEE shall be primary and non-contributory in all respects to any insurance carried by EXTENSION and shall not look to EXTENSION insurance for any contribution toward claims arising out of the use of the Facilities by the LICENSEE.
 - a. Comprehensive General Liability including contractual, with a minimum combined single limit per occurrence of \$1,000,000. If the general liability is from a policy of insurance commonly known as Business Owners Policy (BOP) or similar policy, the Certificate must indicate that the liability insurance provided under the BOP is primary for this event/purpose. **NO EXCEPTIONS. If the organization is going to be conducting any activities involving youths during its use of the Facility the CGL insurance must also include coverage for SEXUAL ABUSE. NO EXCEPTIONS. The SEXUAL ABUSE COVERAGE MUST SHOW ON THE CERTIFICATE**
 - b. If the LICENSEE is incorporated, a business, or has employees, the Certificate of Insurance must include proof of Worker's Compensation.
 - c. If any other outside vendor is being used for the event, Certificates of Insurance for General Liability and Worker's Compensation (as in a & b) must also be provided to Extension.
 - d. Use of alcoholic beverages on the property is prohibited.
 - e. **If the activity involves horses the Certificate of Insurance must also indicate that there is no exclusion for injury to participants.**
3. Parking is permitted in the designated areas ONLY.

continued

4. No use of the Facilities by the Licensee until all terms and conditions are met including proof of insurance and including authorized signature of CCE representative.

I/we (LICENSEE) consent to the terms/rules/conditions of said Use of Facilities Agreement as set forth by Cornell Cooperative Extension (EXTENSION). Failure to adhere to said rules/regulations/conditions as outlined in this Use of Facilities Agreement, and/or any other correspondence/forms relating to said usage, will result in loss of facilities use privileges without regard to compensation.

Received by Cornell Cooperative Extension of Columbia and Greene Counties on (date) _____

by: _____.

Organization's
Authorized Signature

Title

Date

Cornell Cooperative Extension
Executive Director's Acceptance Signature

Date

Please return this completed form, along with payment payable to Cornell Cooperative Extension to:

Cornell Cooperative Extension
6055 Route 23
Acra, NY 12405
Attn: Senior Administrator

*CCE provides equal program and employment opportunities.
www.ccecolumbiagreene.com*