City of Albany  
Department of Recreation  
Facility Use Permit

Office Use Only

Date Issued ____________________  
Permit # ______________________  
Fee $ _______________________

Permittee: ___________________________________________________  
(Print name and title)

Facility: _______________________________________________________

Use:      Softball     Baseball     Soccer     Football     Rugby     Other____________________________

Date:___________ From___________ am/pm To___________ am/pm

If date/time requested above is unavailable, alternate date(s)/time(s) requested:

Date:___________ From___________ am/pm To___________ am/pm
Date:___________ From___________ am/pm To___________ am/pm
Date:___________ From___________ am/pm To___________ am/pm

IN CONSIDERATION for GRANTING A PERMIT for the use Of the above named Recreation Facility, the permittee, herein named, hereby agrees to and does indemnify and save harmless the City of Albany and the Department of Recreation of said City of Albany, of and from any loss, damage or injury incurred by reason of any injury to a person or property sustained by said permittee, any guest, attendant or user of said facility on the date(s) for which said permit is granted. This permit is granted under the conditions that the rules and regulations of the Department of Recreation are adhered to and is subject to revocation at any time on written demand of the Department of Recreation.

Permittee shall maintain adequate insurance approved by the City of Albany, naming the City of Albany as additional insured on a primary and non-contributing basis with respect to the use permitted herein. Permittee shall pay the required facility use fee within 24 hours of approval of this permit by the Department of Recreation.

Permittee _______________________ Phone#:  Day__________ Night____________ Date_________________  
(Signature of authorized agent)

Permittee Address _____________________________________________________________

City Agent___________________________ Title____________________________  Date__________________

*Return Completed Form to Department of Recreation, 7 Hoffman Ave., Albany, NY, 12209*