



## Application for use of Spring/Summer Ice Time at Municipal Arenas

Organization \_\_\_\_\_  
Contact/Person in Charge \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Telephone - Home \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_ Work \_\_\_\_\_  
Fax \_\_\_\_\_ E-Mail \_\_\_\_\_ Cell \_\_\_\_\_

### Specify 1<sup>st</sup> or 2<sup>nd</sup> Choice

Day(s) Requested 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ **Insurance:**  
Time(s) Requested 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ Provided:   
Arena(s) Requested 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ Required:   
Starting Date \_\_\_\_\_ Until \_\_\_\_\_  
Ice Required for: (Please specify) Youth:  or Adult  ;  
Game  , Practice  , Hockey School  , Skating Instruction  , Special Events  , Hockey Tournament   
Other \_\_\_\_\_

### ----- Other Requests /Room Application Only -----

Not for Profit  For Profit

#### Other arrangements requested:

Food & Beverage Gale Centre - No  Yes  ( *If yes, provided exclusively by Breakaway Concession*)  
 Dressing Room(s) #required \_\_\_\_  P.A. System  Press Box/Music Room  N.F.Hydro Memorial Room  
 Sam Long Room  Walker Industries Board Room  Rec Room (Chippawa Arena)  Vendors( #\_\_\_\_)

**NOTE:** Use reverse side if required to list dates and times requested.

It is understood your organization, if accepted, will be guests of the Recreation & Culture Department of Niagara Falls and will be fully responsible for all persons using the permitted facilities and equipment. Further, specific regulations regarding the use of the arenas will be forwarded to you.

It should be noted that Recreation and Culture reserves the right to cancel ice time without notice if these regulations are broken, or under extenuating circumstances. **(See reverse side for permitting process)**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: THE ADDRESS AND NAME CHANGE**

**Mail White Copy to: Gale Centre**

**4171 Fourth Avenue, Niagara Falls, ON L2E 0A2**

**Phone: (905)356-7521, Ext. 5601 or Ext. 5602; Fax: (905) 354-9119**

**FOR YOUR INFORMATION**

Dear Applicant:

Thank you for helping us create recreational opportunities within the City of Niagara Falls

Once all applications have been received by a specified date, the Recreation & Culture staff will issue a contract for facility use.

**Claims/Losses/Damage/Judgement/Injury**

The City of Niagara Falls is not responsible for items that are lost or stolen. The users of the Permitted Facility and the Permit Holders agree that the City of Niagara Falls shall not be liable for any loss, damage or injury (including death) to persons or property and waive all claims of every kind against the City of Niagara Falls in respect of loss, damages or injury which may be incurred. The Permit Holder agrees to assume all liability and obligation for any and all loss, damage or injury (including death) to persons or property which may occur and the Permit Holder shall, at all times, indemnify and save harmless the City of Niagara Falls, its officers, employees and agents from and against all such loss, damage or injury and all actions, suits, proceedings, costs, charges, damages, expenses, claims or demands arising therefrom or connected therewith.

**NOTICE:** The organization is hereby put on NOTICE that there is an inherent risk involved in all recreational/sporting activities on the ice.

**NOTE:** Any documentation submitted to the municipality is subject to the municipal freedom of information and protection of privacy act.

Please direct any questions concerning the application or permitting procedures to the Gale Centre Arena, at (905) 356-7521 Ext. 5601 or Ext. 5602 or by Fax at (905) 354-9119.

**----- Special Events Applicants Only -----**

**Dates Required**

**Times**

**Arena**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Note:** City Council has approved a Municipal Alcohol Risk Management Policy in conjunction with Special Occasion Permits on City property. Applies to Chippawa Arena