

BCYB



PARKS AND RECREATION
CITY OF BEAUMONT

FACILITIES USE AGREEMENT

GENERAL INFORMATION

Name Roy Mickles (BCYB)
 Address P.O. BOX 3126 City Beaumont Zip 92223
 Phone 951-575-7172 Email BCYB.Mickles@GMAIL.COM

FACILITIES USE AGREEMENT

ALL PERSONS UTILIZING CITY FACILITIES SHALL ABIDE BY ALL CITY RULES AND ORDINANCES INCLUDING BUT NOT LIMITED TO THE FOLLOWING: (PLEASE INITIAL TO ACCEPT TERMS BELOW)

RM Applicant is responsible for leaving facilities in the same conditions as received: for cleanliness; and turning off all utilities.

RM It is understood and agreed that the applicant shall be solely responsible for the activities conducted by it or subject to its controls, and applicant agrees to and does here hold the City harmless from any and all liability or alleged liability arising out of, or in any way related to, the activities by said applicant: and in the event suit is brought arising out of any such activities, applicant will defend the City and pay any and all attorney fees and Court cost incurred in such suit.

RM Night and weekend use of the Beaumont Facilities will be by special arrangement only, with additional payment required for a city employee to be present in the building for the full length of your use. All reservations must be made at least 30 days in advance.

RM There will be a charge of \$20.00 per hour of use for a city employee to open the building, be present during your activity and to close the building when your activity is finished. THIS EMPLOYEE IS NOT RESPONSIBLE FOR SET UP OR CLEAN UP.

RM A cleaning and damage deposit is required. YOUR DEPOSIT IS REQUIRED TO RESERVE YOUR DATE. \$500.00 cleaning deposit which is refundable when the facility is left clean, and no damage occurs. If you do not clean the facility, and there are damages, your deposit will be retained to cover the cost, and you will be liable for any expenses incurred over and above the deposit paid. Cleaning includes the hallway and the restrooms.

RM All Parties in the City facilities must end at 10:00p.m. There may be no alcohol served after this time. Everyone must be off the premises by 12:00am.

RM Events at the CRC that use the overflow parking lot at night will be required to rent a light tower for their event. The light must be turned off by 10pm.

RM Alcohol is not permitted in the Civic Center/CRC facilities unless you have provided proof of security. Security guards must be present entire time alcohol is being served. The number of guards is to be determined by the Beaumont Police Department for Civic Center or CRC. (# of guards on all facility rentals are subject to approval by the Beaumont Police Department). Arrangements may be made with a private security firm. A copy of the contract must be provided to this office. THE GUARD MUST BE LICENSED, BONDED, IN UNIFORM AND HAS NO ASSOCIATION WITH THE PARTY.

2022

RN Special arrangements can be made to sell alcohol in the Civic Center for nonprofit agencies with approval from the Community Service Department and /or the Chief of Police. **ALCOHOL IS NOT ALLOWED FOR PARTIES OF UNDER AGED PERSON(S) (21 & OLDER ONLY).**

RN If you plan to sell drinks, a one-day permit is required from ABC. You must first contact the Police Department for a letter to the ABC to obtain a permit. NOTE: ABC will not issue a permit to a private party, only nonprofit service clubs or organizations.

RN The city has 150 - 200 metal fold-out chairs, and 25 6-foot tables. These are available free of charge. If additional are needed, you will need to rent them from another organization.

RN Should the applicant desire to cancel the facility reservation, notification of the cancellation must be received no later than two weeks prior to the scheduled event. Should cancellation notice not be received by this time limit, a \$100.00 cancellation fee will be charged and taken from the deposit paid.

By signing you are stating you have read and are complying by all rules of the ordinance.

Signature: RA Mill Date: 05 Oct 2022

Location:

CHATIGNY REC CENTER

CIVIC CENTER

Room(s) number: _____

PARKING LOT ONLY

Date(s) of Use: NOV 14-18, 21-23, 28-30; DEC 1, 5-8, 12-15, 19-22, 28-29; Period of use: One Time Weekly Monthly

Other: JAN 3-5, 9-12, 16-19, 23-26, 30-31; FEB 1-2, 6-9, 13-16, 21-23, 27-28

Open Building: MAR 1-2, 6-9, 13-16, 20-23, 27-30 am/pm Close Building: _____ am/pm

Starting Time: _____ 5:00 am/pm Ending Time: _____ 9:00 am/pm

Equipment Needed for Meeting/Usage: Chairs Tables Other: GAME CLOCK SCORE BOARD

Name of Organization/Group: BCYB

Purpose of Meeting/Usage: PRACTICES FOR TEAMS

Expected Attendance: _____ Open to the Public? Yes No

****The City reserves the right to revoke this permit at any time****

Tourney March 17 - 19th
Friday 17th - 5pm - 10pm
SAT 18th - 7am - 8pm
Sun 19th - 7am - 5pm

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Signature: RAMIL Date: 05 Oct 2028

Location:

CHATIGNY REC CENTER CIVIC CENTER Room(s) number: _____

PARKING LOT ONLY FRIDAYS:

Date(s) of Use: DEC 2; JAN 6, 13, 27; Feb 3, 10, 17; MAR 3 Period of use: One Time Weekly Monthly

Other: SATURDAYS: DEC 3; JAN 7, 14, 28; Feb 4, 11, 18, MAR 4

Open Building: Fridays 5:00 am/pm Close Building: 10:00 am/pm

Starting Time: SATURDAYS 7:00 am/pm Ending Time: 7:00 am/pm

Equipment Needed for Meeting/Usage: Chairs Tables Other: SCORE BOARD GAME CLOCK

Name of Organization/Group: BCYB

Purpose of Meeting/Usage: LEAGUE GAMES

Expected Attendance: _____ Open to the Public? Yes No

****The City reserves the right to revoke this permit at any time****



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/11/2022

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 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).

PRODUCER K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne, IN 46804	CONTACT NAME: Mass Merchandising Underwriting	
	PHONE (A/C, No, Ext): 1-800-426-2889	FAX (A/C, No): 1-260-459-5105
E-MAIL ADDRESS: info@sportsinsurance-kk.com		
PRODUCER CUSTOMER ID:		
INSURED BEAUMONT COMMUNITY YOUTH BASKETBALL, INC. DBA: BCYB 9138 Oak Creek Rd BEAUMONT, CA 92223 A Member of the Sports, Leisure & Entertainment RPG	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Nationwide Mutual Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		
		NAIC # 23787

COVERAGES **CERTIFICATE NUMBER:** U00010569 **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 INDICATED. 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		6BRPG000007482900	01/11/2022 03:50 PM EDT	01/11/2023 12:01 AM	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea Occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 PROFESSIONAL LIABILITY \$2,000,000 LEGAL LIAB TO PARTICIPANTS \$2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Not provided while in Hawaii.HAWAII			6BRPG000007482900	01/11/2022 03:50 PM EDT	01/11/2023 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	MEDICAL PAYMENTS FOR PARTICIPANTS			6BRPG000007482900	01/11/2022 03:50 PM EDT	01/11/2023 12:01 AM	PRIMARY MEDICAL EXCESS MEDICAL \$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Legal Liability to Participants (LLP) limit is a per occurrence limit.
 Sport(s): Basketball Age(s): 12 & Under, 13-15, 16-19
 Sexual Abuse or Sexual Molestation Liability - \$1,000,000 each occurrence (included above)/\$1,000,000 aggregate (included above)
 The Certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

CERTIFICATE HOLDER CITY OF BEAUMONT 1310 OAK VALLEY PKWY BEAUMONT, CA 92223 Owner/Manager/Lessor of Premises	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. AUTHORIZED REPRESENTATIVE
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Coverage is only extended to U.S. events and activities.
 ** NOTICE TO TEXAS INSUREDS: The insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<p>Name Of Additional Insured Person(s) Or Organization(s)</p> <p>CITY OF BEAUMONT 1310 OAK VALLEY PKWY BEAUMONT, CA 92223</p> <p>Named Insured: BEAUMONT COMMUNITY YOUTH BASKETBALL, INC.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/11/2022

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	PHONE (A/C, No, Ext): 1-800-426-2889	FAX (A/C, No): 1-260-459-5105
E-MAIL ADDRESS: info@sportsinsurance-kk.com		
PRODUCER CUSTOMER ID:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED BEAUMONT COMMUNITY YOUTH BASKETBALL, INC. DBA: BCYB 9138 Oak Creek Rd BEAUMONT, CA 92223 A Member of the Sports, Leisure & Entertainment RPG	INSURER A: Nationwide Mutual Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** U00010566 **REVISION NUMBER:**

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	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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CERTIFICATE HOLDER Evidence of Coverage	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.
	AUTHORIZED REPRESENTATIVE

Coverage is only extended to U.S. events and activities.
 ** NOTICE TO TEXAS INSUREDS: The insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas



CITY OF BEAUMONT

550 E. 6th Street, Beaumont, CA 92223
 Phone (951) 769-8520 Fax (951) 769-8526
www.Beaumont-Ca.gov

<p>Date: August 25, 2022 DESCRIPTION: COMMUNITY RECREATION CENTER USAGE FOR YOUTH BASKETBALL WINTER PROGRAM 2022-23</p>	<p>From: Community Services Dept 1310 Oak Valley Pkwy Beaumont, California 92223 (951) 769-8524 Fax : (951) 769-8519</p>
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<p>To: Beaumont Community Youth Basketball Roy Mickles bcyb.mickles@gmail.com</p>	
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Purpose/Location:	Dates:	Times:	Building rental:	Staff fees:
Practices/Gym	71 dates	5pm-9pm	\$14,200.00	\$5,680.00
Nov 14, 15, 16, 17, 18, 21, 22, 23, 28, 29, 30, Dec 1, 5, 6, 7, 8, 12, 13, 14, 15, 19, 20, 21, 22, 28, 29, Jan 3, 4, 5, 9, 10, 11, 12, 17, 18, 19, 23, 24, 25, 26, 30, 31, Feb 1, 2, 6, 7, 8, 9, 21, 22, 23, 27, 28 Mar 1, 2, 6, 7, 8, 9, 13, 14, 15, 16, 20, 21, 22, 23, 27, 28, 29, 30				
Games/Gym	8 dates	5pm-10pm	\$1,920.00	\$800.00
Fridays Dec 2, Jan 6, 13, 27, Feb 3, 10, 17, Mar 3				
Games/Gym	8 dates	7am-7pm	\$4,160.00	\$1,920.00
Saturdays Dec 3, Jan 7, 14, 28, Feb 4, 11, 18, Mar 4				
Tournament	3 dates			
Friday March 17- 5pm-10pm			\$240.00	\$100.00
Saturday March 18- 7am-8pm			\$560.00	\$260.00
Sunday March 19- 7am-5pm			\$440.00	\$200.00
Kitchen	16 dates		\$2,400.00	
Fridays – 8 dates				
Saturdays – 8 dates				
Total			\$23,920.00	\$8,960.00
Deposit			\$500.00	
TOTAL FEES DUE			\$33,380.00	