2020-2021 ICE RENTAL AGREEMENT

Organization/Team

Date Issued

Address

Contact

City/State/Zip

Phone Number

E-Mail Address

Please make sure that all information listed above is correct.

~ Please read below ~

COVID-19 Guidelines

All DCR ice rinks will be operated in accordance with the Workplace Safety and Reopening Standards for Businesses and Other Entities Providing Youth and Adult Amateur Sports Activities, Phase III, Step 1 as well as DCR's Interim Ice Rink Standard Operating Procedures (SOP's) enclosed. It is the responsibility of the Permittee to ensure compliance with any updates to the current guidelines or SOP's. The Permittee acknowledges that failure to follow the guidelines or SOP's (including as amended) may lead to termination of this Permit.

Schedules, Cancellations and Payments

Schedules are subject to change. Every effort will be made to notify you if your scheduled ice time needs to be cancelled or changed. A cancellation notice will be emailed to the email address listed above.

All ice time must be paid in advance. Permittees will not be allowed to skate without advance payment. Permittee's are responsible for all ice booked by their group, whether you skate or not, unless we receive a written cancellation notice three days prior to the scheduled date you would like to cancel. If a rink is closed due to weather or other circumstances, or a cancellation is approved, payments will be applied to future ice time or refunded. Check payments for ice time must include the group name and rink name. Please email cancellations and schedule changes to sara.berger@mass.gov.

The Permittee, by the signature of its representative, agrees to accept and be bound by all terms and conditions as set forth herein.

Authorized Signature: ___________________________ Title: ___________________________ Date: ___________________________

DCR Authorized Signature: ___________________________ Title: ___________________________ Date: ___________________________

Please sign and return one copy via email to sara.berger@mass.gov or mail to Sara Berger, 165 William Dav Blvd., South Boston, MA 02127.

For office use only

Schedule sent with permit: Yes ☐ No ☐   Date E-Mailed: __________

Signed Document Received On: __________