HARRISON TOWNSHIP

Parks & Open Space Advisory Committee

Field Usage Form

Request Number 12-

Name of Organization: _____

Field / Facility Requested: _____

Purpose: _____

Additional Requirements: _____

_____

Date/Times Requested: _____

Applicant or Responsible Contact Name: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Home Address, City, State, Zip Code: _____

_____

Will there be admission fees collected for the event/events: _____ **If so, how?** _____

What percentage of participants will be Harrison Township full time residents: _____ %

Insurance Coverage Information:

Participants: Yes ( ) No ( ) **Spectators:** Yes ( ) No ( ) **Certificate Attached:** Yes ( ) No ( )

If the Application is approved, the organization shall provide the following prior to use of the field/facility: 1. Certificate of Insurance (Harrison Township shall be named "Additional Insured"); 2. Organization Roster including names and addresses of participants; and 3. Payment in full of fees, if applicable.

To Be Completed by POSAC:

Field/Facility Fee Usage Required: Yes ( ) No ( ) **Fee Amount:** _____

RULES AND REGULATIONS:

Application is hereby made to the Harrison Township Parks & Open Space Advisory Committee for use of the field/facility described. It is hereby understood and agreed that the applicant will assume responsibility for payment of any required charges or fees before the field/facilities are available. Also, the user is responsible for the preservation of order and for liability for any damages to or loss of property or equipment that may result from the use of the field/facilities. The user also assumes full responsibility for observation of all regulations of Harrison Township Parks & Open Space Advisory Committee, as well as local, state, and federal rules and regulations, and those of the fire and police departments.

It is further understood and agreed that if the application is granted, the undersigned user will assume full responsibility for liability and insurance coverage for members of its own organization and will hold the Township of Harrison and Parks & Open Space Advisory Committe harmless in the event of any accident or injuries resulting from your activity.

It is further agreed that these rules and regulations have been reviewed and its terms and conditions are acceptable and will be met.

_____ _____

Name of Organization **Signature of Applicant Responsible**

Please address application to:

Harrison Township
Parks & Open Space Advisory Committee
114 Bridgeton Pike
Mullica Hill, New Jersey 08062

Address _____

_____

_____

Youth Group Sign-Off _____
(Only if required) Representative

Phone _____

Cell Phone _____

Application Approval _____
POSAC