

WOOD-RIDGE RECREATION COMMISSION
BOROUGH OF WOOD-RIDGE

APPLICATION FOR FACILITY USE

Facility Requested:

Date: _____

Pomponio Field	Baseball _____	Civic Center	Upper Mtg. Rm. _____
	Softball #1 _____		Lower Mtg. Rm. _____
	Softball #2 _____		Kitchen Upper _____
	Softball #3 _____		Kitchen Lower _____
	Other _____		Other _____

Other _____
(School, Gyms, Fields, etc.)

Dates requested: Begin _____
(Reverse side if necessary) End _____

Times requested: From _____ To _____

Services requested: _____

Person Requesting Use Title

Address Telephone Number

Name of Organization

The Borough of Wood-Ridge shall not be held responsible for injury to persons or loss or damage to property. User organization and the undersigned must assume full responsibility for any and all damage to property and injury to persons thereon, and full responsibility for the preservation of order at the site, and full responsibility for the proper observance of the regulations stipulated attached to this application.

(Signed) _____
President or Responsible Member

Do Not Write Below This Line

Date Approved

Signature

Date Rejected

Reason for Rejection

HOLD HARMLESS AGREEMENT

Between the _____

And

Organization Name

Address (Not Post Office Box)

Telephone Number

Organization Type: (Please circle one)

- Individual
- Non-Profit Organization
- Profit Making Organization

In consideration for use of municipally owned facilities _____, on the
(Location)

following dates: _____ for the purpose of _____,

the undersigned agrees to indemnify, defend and hold the _____
(Name of Municipality)

and its officers, agents, members, servants, employees and assigns harmless from any and all liability, demands, claims, suits, losses, injuries, damages, judgments, expenses, costs and attorney's fees arising out of the use of the property referred to above.

I understand that this Hold Harmless Agreement also requires that _____
(Name of Municipality)

is indemnified from any and all liability, claims, demands, damages, judgments, expenses and costs of any kind resulting from the acts or omissions from any guest, participant, visitor or other person attending the event herein referred to. Unless waived in writig by the _____
(Name of Municipality)

I agree to furnish a Certificate of Insurance as to Workers Compensation coverage (except for an individual) and a Certificate of Insurance specifically naming the _____, (Name of Municipality)

as an additional insured, providing general liability, bodily injury and property damage coverage with minimum limits of liability not less than:

- \$ 300,000 for an individual
- \$ 500,000 for non-profit organization
- \$1,000,000 for a profit making organization or corporation

The following information concerning the intended use of the premises is furnished:

- a) Alcoholic beverages (will) or (will not) be served.
- b) Total number of persons anticipated is _____
- c) Live Entertainment (will) or (will not) be provided
- d) Other _____

Signed this ____ day of _____, 1992 as the binding act in deed of

(Name of Organization or Party)

Authorized Signature

Witness