CITY OF PORT REPUBLIC RECREATIONAL FACILITIES REQUEST FORM Application for Residential and Non-Residential Field/Facility Use

PLEASE NOTE: FIRST COME, FIRST SERVED. DATES WILL NOT BE HELD WITHOUT ALL PAPERWORK. PAPER WORK MUST BE RETURNED WITHIN 14 DAYS OF EVENT DATE

Today's Date			•
Name of Organization or Individual			·
Address	City	State	Zip
Contact Person	Tele	phone#	
Activity to which this application a	applies		
Event Date(s): Start		End	
Time Requested: Start:	End:	-	•
Requesting:		•	
Gazebo	Pavilion	B	each
Ballfield	Tennis Courts	B	asketball Courts
Estimated # of attendees	ppriate below: nt or a school team – no oup to 50 people\$2	charge. 00.00 51 to 150 returned if area	is left in proper order
Certificate of Insurance: A curr			vided along with the

A. Comprehensive General Liability: \$1,000,000 each occurrence/\$2,000,000 general

Aggregate. Athletic Participation Included

B. Workers Compensation: If applicable. NJ Statutory benefits.C. City of Port Republic must be named additional insured.

Important:

The applicant applying for use of the checked facility agrees they will be the responsible party for all guests, invitees, employees and participants and will comply with all laws, rules and regulations and ordinances that pertain to the use of the facilities. The applicant has inspected the premises to be used and reported any defects, faulty equipment or repairs to the City of Port Republic PRIOR to and during the use of the facility. By use of the facility, applicant upon itself and its guests, invitees, employees and participants, accepts facility as in its present condition.

The applicant, to the fullest extent permitted by law, hereby agrees to indemnify and hold harmless the City of Port Republic, and all of its agents, directors, officers, employees and volunteers, against any and all claims, judgments, demands for damages and expenses, including but not limited to attorney's fees, arising out of, by reason of, on account of, in consequence of, or in connection with the use of the facilities, arising from accidents to any persons or property caused by the applicant, its guests, invitees, family member or participants or any other person(s) to which this application applies.

Print Name
Title (If applicable):
Signature
Date:
If applicable, include with this application two separate checks, one for Event Usage Fee and another for the Deposit Fee each made payable to City of Port Republic .
Office use only:
Date Application Received
Certificate of Insurance
Usage Fee, if applicable
Deposit Fee, If applicable Amount Check No
Recreation Committee Approval Date
Deposit Fee Returned: Date

Hold Harmless Agreement

The(1)	, to the fullest extent permitted by law, hereby agrees to save, indemnify
and hold harmless the City of Po	ort Republic, and all of its agents and employees, against all claims,
	s, and expenses, including but not limited to attorney's fees, arising out
of, by reason of, on account of, i	n consequence of, or in connection with(2),
arising from accidents to any per	sons or property caused by the(1), its
agents or employees; or occasion	ned or caused by any other persons or persons. Said indemnification also
applies against all claims, judgm	ents, losses, demands for damages, and expenses, including but not
	g from accidents to the City of Port Republic its agents or employees; or
to the(l) its agents or employees, whether occasioned or caused by said
(1)	its agents or employees, or any other person or persons.
It is the intention of this agreeme	ent, regardless of whether the(1) caused
	Port Republic its agents or employees shall be indemnified for its own
	, judgments, losses, demands for damages, and expense, including but not
limited to attorney's fees, arising	g from such accident or accidents, to the fullest extent permitted by law.
The(1) shall defend any and all suits that may be brought against the City of
	oyees on account of such accidents and will make good to, and
	blic its agents or employees for any expenditures, including but not
	id(1) its agents or employees may make by
reason of such accidents.	
	•
Signed	Dated
Dighted	
Printed Name	
Acknowledged and Sworn Befor	e Me · .
This day of	
This day of My Commission Expires	
•	
Notary Public	_
-	

Subcontractor, tenant, non-profit, lessee, etc. Project, event, etc.