Facility Use Request Form															
Applicant Information					C Marie										
Name of Organization:	10 10 10 10 10 10 10 10 10 10 10 10 10 1		Cirde One:	Profit Ma	king No	n-Profit	Individual								
Contact Person:		Day Phone:	Circle Offe.	Profit Me	Evening		Individual								
Current address:		Day Frione.			Lverning	ritoric.									
City:	State:	ZIP Cod	ρ•	I F	-Mail:										
Purpose for Facility Use:	otator	211 000	-		Trium.										
Date of Application: Estimated Number of Participants															
Request For Picnics (If not a picnic request leave blank)															
Weekday cost : Per schedule		Week	end cost: Per	schedule	and a series		CHTSCHOOL OF A SUSCIOL								
Date Requested (must request 3): 1st.		2 <sup>nd</sup> :			3rd:										
Park Preferred (rank cho. es from 1-3):	Burkes Park	Jack	son St. Park		Baile	y Park									
Park Hours11:00 AM until 6:00 PM Ear	ly opening rate pe	r schedule	Do you war	nt early open	ing Yes N	o #of Hr	's								
Request for Facilities															
Outdoor Site Desired:		Outdoor	Site Assigne	d:			TYRESIAN INCHA								
Fields Desired:		Fields As	signed:												
Buildings Desired:		Buildings Assi	gned:		Bathroom	Facilities:									
Indoor Site Desired		Indoor S	ite Assigned												
Rooms Desired		Rooms A													
Other Requests:															
NOTE: Your organization must apply below Facility. Only if approval is granted and a puthe specified area.	for consideration permit is issued ma	for permission ay your organi	to strategic zation locate	ally locate a such a vehic	trailer or a	ny other vacility, and	vehicle at the d then only in								
Type of Vehicle:		Permit Fe	ee Per Day:												
Purpose:															
DATE(S) REQUESTED:															
Hours of Operation: M T	w	Th		F	Sa		Sun								
Estimated Age Group of Participants	oungest:	Olde	est:	Estima	ated # of F	Participant	5:								
ANY INACCURACIES IN THE COMPLETION OF THIS APPLICATION WILL IMMEDIATELY INVALIDATE ANY APPROVALS UPON DISCOVERY. IF AN EVENT IS ALREADY IN PROGRESS THE EVENT WILL BE IMMEDIATELY TERMINATED WITH THE UNDERSTANDING THAT ALL REGISTERED INDIVIDUALS/SUBGROUPS WILL RECEIVE A FULL REFUND FROM THE SPONSOR AND THE COMPANY RUNNING THE EVENT.															
		ICIAL USE ON													
	Departm						Department/Building Approval								
Department/Building:		Dept D													
Organization:															
		Activity/Event				Date:									
Action Taken:		Activity/Event				Date:									
Comments/Concerns:			:												
Comments/Concerns: The above mentioned group has met a			:	ertment for	this even	ıt.									
Comments/Concerns:  The above mentioned group has met a  Dept. Certification and Approval Granted By			:	rtment for	this even										
Comments/Concerns: The above mentioned group has met a			:	rtment for	this even	ıt.									
Comments/Concerns:  The above mentioned group has met a Dept. Certification and Approval Granted By Additional Information  Will an Admittance Fee be Charged? (circle	one)	established t	ey this depa	МО		Date:									
Comments/Concerns:  The above mentioned group has met a Dept. Certification and Approval Granted By Additional Information  Will an Admittance Fee be Charged? (circle (Note: If yes and alcohol will be served, a 1)	one)	established t	y this depa YES	NO cation may b		Date:	erks office)								
Comments/Concerns:  The above mentioned group has met a Dept. Certification and Approval Granted By Additional Information  Will an Admittance Fee be Charged? (circle (Note: If yes and alcohol will be served, a I Will food be served?	one) L day liquor license	established t	YES License appli	NO cation may b		Date:	erks office)								
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## We require the following information before granting your request.

A liability insurance policy to contain the following:

In the Description box:

"The Borough of Sayreville as additionally insured"

Picnic date and location. If alcohol is permitted please note certificate must

reflect coverage.

In the Certificate Holder Box:

The Borough of Sayreville

167 Main Street Sayreville, NJ 08872

Completed and signed Hold Harmless Agreement.

NO GROUP/INDIVIDUAL IS TO ASSUME THAT THEY HAVE PERMISSION TO USE ANY BOROUGH OF SAYREVILLE FACILITY UNLESS THEY HAVE BEEN ISSUED AN ACTUAL PERMIT FOR THAT FACILITY. THESE PERMITS MUST BE IN THE GROUP'S / INDIVIDUAL'S POSSESSION WHILE THE FACILITY IS IN USE.

## **Facility Reservation Regulations**

- 1. The reservation process must be completed, in accordance with these regulations, at least six weeks in advance of reserved date. Reservations shall constitute as an agreement between the User and the Borough of Sayreville. Agreements will include by reference, all terms and conditions of this facility use policy. All applications must be signed by an authorized adult representative of User organization of Private party.
- Cancellation of use must be in writing and received at least three weeks prior to the scheduled event. Cancellation without proper notification. will result in the forfeit of fees.
- 3. No reservation is confirmed until all fees, permits/licenses and insurance are obtained and paid in full. These fees shall be paid at least ten (10) working days prior to the use of the facilities. If the User has not complied with the policies and regulations contained in this policy, any reservation may be canceled immediately upon notice to the applicant, and any fees paid shall not be returned.
- 4. Two week tentative hold may be placed on a facility without deposit by advising the Borough's Recreation Department in writing. Hold will be removed from the calendar at the end of the two week period without notification to applicant unless deposit has been paid. Nothing in this section shall serve to shorten the requirements of section 1 of these rules and regulations.
- Licensed catered food service is permitted. Caterer must provide a current Certificate of Insurance to the Recreation Department. Cooking is allowed only with prior approval, as noted in the application process. No smoking is permitted in any Borough of Sayreville facility. The serving of refreshments requires prior approval from the Recreation Department.
- No signs or decorations will be fixed inside or outside the building. No building use may extend beyond 10:00pm. No bird seed, confetti, or
  other similar items will be allowed to be thrown in or around the facility. No open flames or candles will be allowed.
- All entrance doors on the premises shall be locked when the facility is not in use. All door openings to public corridors shall be kept closed
  except for normal ingress and egress.
- Organizations must book facilities through the Department of Recreation by the Borough staff member and have approval from the department director or appropriate designee. Written approval must be sent to the Department of Recreation.
- 9. All applications for facility use shall be made on official forms. Forms are provided by the Borough Department of Recreation and completed applications constitute an agreement between the User and the Borough of Sayreville. The agreement will include by reference all terms and conditions of the general regulations and all rules and regulations pertaining to use of borough facilities. All applications must be signed by an authorized adult representative of the User organization.
- 10. The Borough shall not be responsible for any loss or damage which the User suffers from the cancellation of a scheduled event resulting from the Borough's activities or circumstances or events beyond the control of the Borough, or where User has failed to satisfy all requirements set forth in this policy.
- 11. The Borough of Sayreville, in its sole discretion reserves the right to cancel any event in the best interest of the Borough, or where necessitated by circumstances, or reason beyond the control of the Borough.

I hereby waiver for my group, myself, my child, my heirs all claims for damages which I might have against the Borough of Sayreville, the Sayreville Recreation Department and Parks Department, the Sayreville Board of Education or any other participating agency and their employees for any and all injuries which I might receive during this activity. I further understand that the Borough of Sayreville does not carry Medical / Accident Insurance.

Applicant's Signature

Date

Please note: This form is subject to change without notice.

## **BOROUGH OF SAYREVILLE HOLD HARMLESS AGREEMENT**

## Between the Borough of Sayreville AND

	(Organizatio	on Name)			
	(O'Bamzati	on realic)			
	(Address No	ot P.O. Box)			
	(Telephone	Number)			
C	Organization Type (ple	ase circle on	e)		
Individual	Non-profit Organ	nization	Profit Maki	ng Organization	
In consideration for use of m					, on the following
date(s):	5 11		(Location)	100	
date(s):	for the purpose	of		the undersign	ned agrees to
indemnify, defend and hold	the Borough of Sayrev	ille and its C	Officers, Agen	its, Members, Se	rvants, Employees and
Assigns harmless from any a					
costs and attorney's fees aris					
Harmless Agreement also re-	quires the Borough of	Sayreville is	indemnified	from any and al	l liability, claims,
demands, damages, judgmer	nts, expenses and cost	s of any kine	d resulting fro	om the acts or or	missions from any
guest(s), participant(s), visito	r(s) or other person(s	) attending t	the event her	rein referred to.	Unless raised in writing
the Borough of Sayreville,					
	(Organization)				
workers Compensation cove	rage (except for an inc	dividual) and	Certificate of	of Insurance spec	ifically naming the
Borough of Sayreville as an a	dditionally insured, pr	roviding a ge	neral liability	, bodily injury ar	nd property damage
coverage with minimum limi				, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
\$300,000 for an	individual				
\$500.000 for no	n-profit organization				
	profit making organiz	zation or co	poration		
The following information co	ncerning the intended	d use of the	premises is f	urnished:	
a) Alcoholic Beverages (will /	will not) be served.	c) Live Ent	ertainment (	will / will not) be	provided.
b) Total number of persons a	nticipated is	d) Other			
Signed this		day of			
as the binding act in deed of					
	(Name of Organi	zation or Pa	rty)		
(Authorized Signature)			(Witnes	ss Signature)	