



HARRISON TOWNSHIP

Parks & Open Space Advisory Committee

Field Usage Form

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 Committee 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

Application Approval _____
 POSAC

Cell Phone

Evidence of insurance will be required before final approval. Please provide a certificate of insurance as described on the attached "Schedule of Insurance". There are additional requirements for events with liquor and or inflatable devises or amusement rides. See attached "Schedule of insurance" for details. * Each event is evaluated on its risk exposure; all events must have their own certificate.