Facility Use Request Form						
Applicant Information						
Name of Organization:		Circle (	One: Profit Making	Non-Profit Individual		
Contact Person:		Day Phone:		ening Phone:		
Current address:	I			<b>. . .</b>		
City:	State:	ZIP Code:	E-Mail	:		
Purpose for Facility Use:			l l			
Date of Application:	Estim	nated Number of Partic	ipants			
Request For Picnics (If not a pic	nic request le	eave blank)				
Weekday cost : Per schedule Weekend cost: Per schedule						
Date Requested (must request 3): 1st:		2 <sup>nd</sup> :		3 <sup>rd</sup> :		
Park Preferred (rank choices from 1-3):	Burkes Park	Jackson St. P	ark	Bailey Park		
	opening rate per s	chedule Do you	want early opening Y			
Request for Facilities			3 1 3			
Outdoor Site Desired:		Outdoor Site Ass	igned:			
Fields Desired:		Fields Assigned:	<u> </u>			
Buildings Desired:		Buildings Assigned:	Bath	room Facilities:		
Indoor Site Desired		Indoor Site Assig				
Rooms Desired		Rooms Assigned	<u> </u>			
Other Requests:						
Other Requests:  Requests Granted:  NOTE: Your organization must apply below for consideration for permission to strategically locate a trailer or any other vehicle at the Facility. Only if approval is granted and a permit is issued may your organization locate such a vehicle at the facility, and then only in the specified area.						
Type of Vehicle:		Permit Fee Per D	ay:			
Purpose:			-			
DATE(S) REQUESTED:						
Hours of Operation: M T	W	Th	F	Sa Sun		
Estimated Age Group of Participants You	ungest:	Oldest:	Estimated #	of Participants:		
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.  OFFICIAL USE ONLY Department/						
	Building <i>I</i>	Approval				
Department/Building:		Dept Director:				
Organization:		Activity/Event:		Date:		
Action Taken:						
Comments/Concerns:						
The above mentioned group has met all	requirements es	stablished by this de	epartment for this e	event.		
Dept. Certification and Approval Granted By:				Date:		
Additional Information						
Will an Admittance Fee be Charged? (circle one)  (Note: If yes and alcohol will be served, a 1 day liquor license is required. License application may be obtained at the clerks office)  Will food be served?  YES  NO						
Will food be (circle one) SOLD	SEF		NG YOUR OWN			
Will an outside Vendor be Retained? YES NO (Insurance Certificate and Registration needed for all Vendors)						
Vendor Name	Туре	Phone	a registration needet	Fax		
vendor realite	i ype	FIIOTIC		I av		
Will Alcohol Be Allowed at your picnic? (If yes, Certificate of Insurance must reflect Alcohol coverage)  YES NO						
Will Alcohol be (circle one) SOLD	SERVED		out of the same of	120 110		

#### 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.
- 2. 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.
- 5. 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.
- 6. 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.
- 8. 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		
		(Organization No	Tame)	
		(Address Not P.O.	. Box)	
		(Telephone Num	uber)	
	Organi	zation Type (Please	se Circle One)	
Individ	ual Non-I	Profit Organization	Profit Making Organization	
n consideration for use of	of municipality owned fac	cilities (Location)	, on the following	
lates:	for the purpose of		_ the undersigned agrees to indemnify, defend and hold	
he <i>Borough of Sayrevill</i>	e and its officers, agents,	members, servants,	s, employees and assigns harmless from any and all	
iability, demands, claims	s, suits, losses, injuries, da	amages, judgments,	s, expenses, costs and attorney's fees arising out of the	
			rmless Agreement also requires that the <b>Borough of</b>	
			, damages, judgments, expenses and costs of any kind	
-	•		or or other person attending the event herein referred to.	
_	· -		agree to furnish a Certificate of Insurance	
			Certificate of Insurance specifically naming the Borough	
_			bodily injury and property damage coverage with	
ninimum limits of liabili		•		
\$300,0 \$500,0	00 for an individual 00 for non-profit organiza ,000 for a profit making o		poration	
The following information	on concerning the intended	d use of the premise	es is furnished:	
a) Alcoholic beverages (v	will / will) not be served.	c) Live entertain	inment (will / will not) be provided	
o) Total number of perso	ns anticipated is	d) Other		
Signed this	day of	, 2021 as the	e binding act in deed of	
		Name of Organization of	or Party)	

(Witness)

(Authorized Signature)

The Borough Of Sayreville

RECREATION DEPARTMENT
167 Main Street • Sayreville, New Jersey 08872

7 Main Street • Sayreville, New Jersey 08872
 Tel. 732-390-7092 • Fax 732-390-7097

## Please read carefully

### Release:

I understand there are risks of physical injury in participating in Recreational Programs and Events.

I hereby release the Borough of Sayreville NJ, its employees, officials and agents from any and all liability or loss or damage to personal property that the participant/organization may experience in connection with activities or events sponsored by Borough of Sayreville.

An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death,"

By attending or participating in any events, camps or programs, you voluntarily assume all risks related to exposure to COVID-19.

The Borough of Sayreville does not provide accident or hospitalization insurance for participants/organizations of its programs. All participants/organizations are advised to have adequate personal coverage. Please consider participant(s) /organization own health, experience, and tolerance for risk before participating in any program or event. I also consent to the use of the participant(s)/organization photo, video, artwork etc. by the Borough for fliers, presentations etc.

Participant	
Signature	Print Name
Date	

Succeed in Sayreville

Sayreville is an Equal Opportunity Employer

www.sayreville.com