

**PERMIT FOR USE OF FACILITIES**

**Name of Organization** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Facility that you are requesting?** \_\_\_\_\_

**Field** \_\_\_\_\_

**Dates of Usage From** \_\_\_\_\_ **to** \_\_\_\_\_

**Days?** Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

**Times:** From \_\_\_\_\_ to \_\_\_\_\_ **ALL CURRENT NJ EXECUTIVE ORDERS MUST BE FOLLOWED.**

**Purpose for which facility will be used?** \_\_\_\_\_ ☐

Will a fee be charged for participation? \_\_\_\_\_ if yes, please state amount per participant \_\_\_\_\_

REQUIREMENTS: a certificate of insurance must be provided upon submittal of this request. The certificate of insurance must indicate the following:

1. Certificate Holder
2. Jackson Township additionally insured
3. Name of park/facility
4. Activity
5. Date(s), Day(s) and time(s) of activity

Approval of the park will not be given without the above information listed on certificate of insurance. No alcoholic beverages permitted at any time. Permits are not transferable to another organization without the approval of the Recreation Department.

**Organization board member's name/signature/phone acknowledging this request** \_\_\_\_\_

I have read the requirements of securing a permit for the use of Jackson Township facilities and I am an officer of the requesting organization. I may be held responsible for damage or loss as a result of my use of these facilities.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**APPROVED OR DENIED:** By: \_\_\_\_\_ Date \_\_\_\_\_  
Anthony J. Horta, Recreation/Special Events Coordinator - Jackson Township Department of Recreation

**IF DENIED – REASON:** \_\_\_\_\_

**Date Permit Mailed back to applicant:** \_\_\_\_\_

***Permits will not be issued without the following: Completed permit for use of facilities, completed certificate of Insurance, Hold Harmless, Signed acknowledgement and Signed verification that all requirements have been read and understood Jackson Township Department of Recreation.***

# REQUIREMENTS

*Please review and sign the information below before submitting a permit for use of facilities*

**Park Hours:** Parks will be closed to the public between the hours of 8p.m. and 10 a.m. Neighborhood parks and playgrounds are closed to the public.

1. Requests for use of fields for "league play" must be submitted 90 days prior to start of league. All other requests require 30 day notice.
  - a. Field permits for the Justice Complex will not be issued beyond 8 p.m.
  - b. Responsibility for clean-up is solely that of the applicant.
2. A Certificate of Insurance, Signed safety acknowledgement and a completed Jackson Township Hold Harmless must be provided upon submittal of a request. Approval of park/facility will not be issued without completed forms.
3. All permit requests are subject to Jackson Township Park Rules and Regulations and the scheduling of field maintenance requirements.
4. Department of Recreation and Senior Services also reserves the right to deny a permit or restrict use.

For example:

- a. improper or inaccurate application
- b. limited capacity
- c. if a facility is deemed incapable of safely accommodating the activity
- d. the need to maintain fields
- e. If organization is not a Jackson Based non-profit organization

5. Department of Recreation programs have precedence.
6. **PERMITS ARE NON-TRANSFERABLE. The holder of a permit may not transfer any portion to any other individual, organization, travel team, etc., without a separate permit issued by the Department of Recreation .**
7. Organizations/user must keep a copy of their signed permit on their possession while utilizing facilities.
8. NO ALCOHOLIC BEVERAGES PERMITTED AT ANY TIME
9. Restrooms are available at the Justice Complex; port-o-johns are available at all other facilities.
10. After submittal, the department will forward a signed permit to the applicant. If a signed permit is not received within 10 days it is the applicant's responsibility to contact the Recreation Department.
11. Misuse of permit issued may result in the necessity to post bond for subsequent use requests.
12. It is at the discretion of the Department of Recreation to cancel permitted dates at any time, you will be notified by the department in a timely manner of cancellations

The applicant has read and understands all requirements for permit for use of facilities. The applicant also agrees to uphold all permit requirements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Organization \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

*For office Use Only*

Permit approved for the following:

Location: \_\_\_\_\_ Field: \_\_\_\_\_

Dates & Times: \_\_\_\_\_

Exceptions/No Usage: \_\_\_\_\_

Signature \_\_\_\_\_ Date Mailed \_\_\_\_\_

*Anthony J. Horta Recreation/Special Events Coordinator - Jackson Township Department of Recreation*

## JACKSON TOWNSHIP HOLD HARMLESS

DATE: \_\_\_\_\_

Name of Organization \_\_\_\_\_

Contact Person: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

The applicant has furnished a Certificate of Insurance naming Jackson Township “additionally insured” as an additional incentive to participate in \_\_\_\_\_ (name of activity)

Name of Insurance Carrier: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Property Damage: \_\_\_\_\_

Public Liability: \_\_\_\_\_

**A true copy of the Certificate of Insurance is attached hereto NOTE: MINIMUM INSURANCE  
REQUIRED S.L. \$1,000,000**

The applicant is	_____	Non Profit Corporation
	_____	Non Profit Association
	_____	An Individual
	_____	A profit making organization

**HOLD HARMLESS INDEMNIFICATION:** In consideration of participating in the activity named above, the applicant does hereby covenant and agree to save, defend and hold harmless the Township of Jackson, its agents, servants and employees from any and all liabilities or costs arising out of the applicant’s participation in this event.

The applicant agrees to indemnify the Township from any legal costs, which might arise from such liability. And in the event the applicant’s insurance carrier should fail to pay for such a defense, then the applicant shall reimburse the Township for any costs incurred by it for any person or organization acting on its behalf.

The undersigned is authorized to execute this Hold Harmless and Indemnification Agreement as the binding act of the applicant.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_