

Township of Livingston
 Senior, Youth & Leisure Services
 204 Hillside Avenue
 Livingston, NJ 07039-3646
 Office: 973-535-7925
 Fax: 973-535-2949

Sports Field Reservation Request

Organization: _____ **Today's Date:** _____
Contact Name: _____ **Phone: Home:** _____
Street Address: _____ **Phone: Work:** _____
City & Zip Code: _____ **Phone: Cell:** _____
Email: _____

Field Location (use separate form for each Field): _____

Complete Page 2 with dates and times requested.

Please provide a detailed description of the proposed use: _____

Equipment Needed: _____

Hold-Harmless Agreement for Township of Livingston, Board of Education & St. Philomena's Church Facility Users

"I/we, me/my" shall mean representative of the requesting organization or individual.

"You/your" shall mean the municipal corporation known as the Township of Livingston, it's agents, servants, employees, or contractors.

1. It is hereby understood that if this application is granted, I will assume responsibility for payment of any assessed field fee at time of application, for the preservation of order in said building or grounds, liability for any damage or loss of property that may occur, and for the due observance of all regulations of the Township of Livingston, Livingston Board of Education and St. Philomena's Church governing the use of township park/school facilities property as set forth by the Rules Governing Use of Park/School Recreation Facilities.
2. I sign this Hold-Harmless as my voluntary act and by this act agree to hold you harmless and indemnify you from any claims, suits, or other actions arising from, caused by, or which are the alleged result of any act or omission of any organization, corporation, guest, invitee, licensee, visitor or other person present on the premises listed above in order to participate in, organize, assist, enjoy, supervise or in any other way further the activity to be held on the dates listed (as described on the Sports Field Reservation Request form).
3. I state that the activity will not include the consumption of alcoholic beverages.
4. I also agree that where the municipal official signing this Hold-Harmless on your behalf has determined I should provide to you a "Certificate of Insurance" and proof of "Special Events Insurance" that I shall provide same to that municipal officer at time of request and at least weeks (2) weeks before the date of the planned activity. The appropriate municipal officer will check below if this paragraph is applicable to the activity listed previously. Said Insurance shall be written with a company maintaining a rating of at least "A-", according to A.M. Best. Said policy shall be in an amount of not less than one million dollars (\$1,000,000) per occurrence. It is understood you will be listed as an additional insured on the policy and Certificate of Insurance.
5. By signing this waiver, I acknowledge that sports involve risk of injury and I accept responsibility of such risk and I release, waive, discharge and agree not to sue the Township, Board of Education, St. Philomena's Church, your agents, servants, employees, or contractors.

_____ _____ _____
 Print Name Signature Date

For Office Use Only:

Senior, Youth and Leisure Services **Approved:** _____ **Not Approved:** _____

Game/Practices: _____ X Fee: \$ _____ per slot **without** Lights = Total: \$ _____

Games/Practices: _____ X Fee: \$ _____ per slot **WITH** Lights = Total: \$ _____

Paid: _____ Check #: _____ Processed by: _____ **TOTAL:** \$ _____

