



APPLICATION

USE	OF	

TOWNSHIP BALLFIELDS

DATE OF APPLICATION	[:	
NAME:		
GROUP:		
ADDRESS:		
Phone NoDay		Evening
	weekly/monthly use:	
	(a.m./p.m.) to	
AN ADDITIONALLY INSU		
1		
3	4	
 All garbage must Grass will be cut v Outfield foul lines A copy of the insu <u>Financial Provisions:</u> The Township will damages to the group organization. ************************************	nitted on Township property. be picked up.	cation. • full compensation concerning damages incurred by the

TOWNSHIP CLERK



Township of Ocean 50 Railroad Avenue Waretown, New Jersey 08758 609 693-3302 EXT. 221



HOLD HARMLESS AGREEMENT

BETWEEN THE TOWNSHIP OF OCEAN. MUNICIPAL CORPORATION OF THE STATE OF NEW JERSEY AND

ORGANIZATION/INDIVIDUAL

ADDRESS (NOT POST OFFICE BOX)

TELEPHONE NUMBER

ORGANIZATION TYPE (INDIVIDUAL, PARTNERSHIP, NON-PROFIT CORPORATION, CORPORATION, PUBLIC ENTITY)

In consideration of the use of Township facilities, (circle one): Ballfield/Lake Pavilion/Community Center; on the following dates: ____ for the purpose of _____ the undersigned agrees to indemnify and hold the Township of Ocean and its officers, agents, servants, consultants and employees harmless from any and all liability, claims, costs and attorney's fees arising out of the use of the property referred to above.

I understand that this Hold Harmless Agreement also provides that the Township of Ocean is indemnified from any losses or damages resulting from the acts or omissions from any guest, participant, visitor, or other person attending the event herein referred to. Unless waived in writing by the Township of Ocean, I agree to furnish a Certificate of Insurance specifically naming the Township of Ocean as an additional insured, for not less than \$500,000.00.

In order to induce to the Township of Ocean to accept this Hold Harmless Agreement, the following information concerning the intended use of the premises is furnished:

- A. Alcoholic beverages will not be served.
- Total number of persons anticipated is _____ Β.
- Live entertainment (will) or (will not) be provided. C.
- D. Other

Signed this day of , 20 as the binding act in deed of

Name of Organization/Person

Authorized Signature

Witness