Teen Center

1073 Westbrook Road, West Milford, NJ 07480

Group Reservation Permit - CIVIC/School

Community Services & Recreation Office # 973-728-2860 Fax 973-728-2869

| Name of Group: | | | Date: | | |
|---|--|---|--------------------------------------|---|--|
| Name | of Person Requesting E | vent: | | | |
| Mailing Address: | | | | | |
| Phone # Cell # | | Cell# | e-mail address | e-mail address | |
| Date of Event: | | | Time of Event | : (4 hour time limitation) | |
| Туре | of Activity: | | # Of People Ex | # Of People Expected: | |
| | | | | ٠, | |
| \$200. | 00 Damage and Cleanlin | ness Fee will be charged if | | Fee Charged: | |
| damage occurs and/or facility is not left clean | | | | | |
| It is understood and agreed that the Damage/cleanliness Fee will be charged after a site inspection has been performed by the Recreation Director or her designee for damage and cleanliness at the end of the event. Damage and cleanliness expenses may be assessed if necessary. | | | | | |
| 1. | Community Services & | Recreation Department approv | es request and is | sues permit. | |
| 2. | Application for permit shall be submitted no later than two weeks (14 days) before the proposed date of event. | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | The consumption of alc | coholic beverages is prohibited. | | | |
| 6. | | ft clean and all garbage must be | | | |
| $\frac{7.}{2}$ | 7. Those attending the event are restricted to the use of the space indicated. | | | | |
| 8. 9. | | | | | |
| フ. | Township Recreation Areas. (Copy of this code is available at the Clerks Office or Community Services & Recreation) | | | | |
| Human | remember that YOU AR | RE IN BEAR COUNTRY. Blace yourself as a guest of the forest eat to humans. DO NOT ATTEM | k Bears are part wildlife. Direct | of the forest environment. encounters with bears are rare | |
| | | , | | | |
| Applica | Applicant's Signature: | | | Date: | |
| Approval: | | | Date: | | |

TOWNSHIP OF WEST MILFORD

Passaic County, New Jersey

HOLD HARMLESS AGREEMENT

USE OF MUNICIPAL FACILITIES

Between the TOWNSHIP OF WEST MILFORD,

with principal offices located at: 1480 Union Valley Road, West Milford, NJ 07480

And

| Organization Name | |
|---|---|
| Street Address (Not Post Office Box) | |
| Telephone Number | Contact Person |
| In consideration for use of municipally owned facilities on the following date(s): | for the purpose of |
| guest, participant, visitor or other person attending the Municipality. I (we) agree to furnish a Certificate of Insurance evice. | he event herein referred to, unless walved in writing by the dencing Workers Compensation coverage (except for an individual) as ty, Bodily Injury and Property Damage coverage with minimum limits |
| \$ 300,000. for an Individual \$ \$1,000,000. for a Profit Mak | 500,000. for Non-Profit Organization king Organization or Corporation |
| The Certificate of Insurance shall also specifically na Liability coverage for the event listed above. | ame the Municipality as an additional insured with respect to General |
| guests or participants. The following information concerning the intended us a) Alcoholic beverages (will) or (will not) be b) Total number of persons anticipated is c) Live entertainment (will) or (will not) be d) Other | provided. A UNSULY MAN. |
| Signed this day of | , 20, as the binding act in deed |
| of Name of Organization or Pa | arty |
| Authorized Signature | Witness |
| / Print Name | Print Name |
| NOTE: No photocopied or facsimile copies of this signed original individual shall be accepted. No exceptions and/or limit | nal Agreement shall be accepted. Only the original Agreement signed by an authorized itations to this Agreement will be accepted. |

WM-HH-UOF Revised: 05/17