



GROUP RESERVATION

Date/Dates OK _____

Insurance _____

Hold Harmless _____

To Rec Dir: _____

Scan to Parks Supt _____

TOWN HALL

DATE OF APPLICATION: _____

NAME OF GROUP: _____ # OF PEOPLE EXPECTED _____

NAME OF PERSON REQUESTING: _____

MAILING ADDRESS: _____

PHONE # _____ FAX# _____ EMAIL _____

DATE/DATES REQUESTED : _____ HOURS REQUESTED: _____

SECOND CHOICE/CHOICES : _____ HOURS REQUESTED: _____

☐ Veterans Park

☐ Memorial Park

SPECIAL REQUEST: _____

TOWNSHIP OF WEST MILFORD DEPARTMENT OF COMMUNITY SERVICES & RECREATION

PHONE 973-728-2860
FAX 973-728-5298

PROCEDURE:

1. Group submits reservation form to the Community Services & Recreation Department. A certificate of insurance naming the Township of West Milford as the additionally insured. A hold harmless form will also need to be completed.
2. Recreation Department approves request and issues permit. Township Council must approve Special Events permits. Applications for permits shall be submitted not later than seven days before the proposed date of use.
3. Permit is valid only for date/dates issued, but may be transferred upon mutual agreement of the Community Services & Recreation Department and the requesting group. Such transfer to be made only in unusual circumstances.
4. All groups are to observe Chapter 256 of the Township of West Milford regarding use of Township Recreation Areas. (A copy of this code is available at the clerk's office or at the Recreation office)
5. The consumption of alcoholic beverages is prohibited.
6. Park is open from 10 a.m. till dusk.

APPLICANT SIGNATURE: _____

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

Organization Type: (Please Check One)

____ Individual

____ Non-Profit Organization

____ Profit Making Organization

In consideration for use of municipally owned facilities at _____

on the following date(s): _____ for the purpose of _____

the undersigned agrees to indemnify, defend and hold the **Township of West Milford, NJ**

(hereinafter referred to as the "Municipality") and its officers, agents, members, employees and assigns harmless from any and all liability, demands, claims, suits, losses, injuries, damages, judgements, expenses, costs and attorneys' fees arising out of the use of the above stated municipal property for the purposes stated above.

I (we) understand this Hold Harmless Agreement also provides the Municipality be indemnified from any and all liability, claims, demands, damages, judgements, expenses and costs of any kind 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 Municipality.

I (we) agree to furnish a Certificate of Insurance evidencing Workers Compensation coverage (except for an individual) as well as Auto Liability (as applicable), General Liability, Bodily Injury and Property Damage coverage with minimum limits of liability not less than:

____ \$ 300,000. for an Individual ____ \$ 500,000. for Non-Profit Organization
____ \$1,000,000. for a Profit Making Organization or Corporation

The Certificate of Insurance shall also specifically name the Municipality as an additional insured with respect to General Liability coverage for the event listed above.

It is further understood and agreed, the Municipality is not responsible for personal property of the undersigned or their guests or participants.

The following information concerning the intended use of the premises is furnished:

- a) Alcoholic beverages (will) or (will not) be served.
- b) Total number of persons anticipated is _____
- c) Live entertainment (will) or (will not) be provided.
- d) Other _____

** answer these questions*

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

of _____

Name of Organization or Party

[Signature]
Authorized Signature

Witness

[Signature]
Print Name

Print Name

NOTE: No photocopied or facsimile copies of this signed original Agreement shall be accepted. Only the original Agreement signed by an authorized individual shall be accepted. No exceptions and/or limitations to this Agreement will be accepted.

WM-HH-UOF

Revised: 05/17