



West Milford Community Services & Recreation
WALLISCH ESTATE

Dates OK _____
Insurance _____
Hold Harmless _____
To Rec Dir: _____
Scan to Parks Supt _____
Scan to Wallisch _____

DATE OF APPLICATION: _____

NAME OF GROUP: _____

NAME OF PERSON REQUESTING: _____

MAILING ADDRESS: _____

PHONE # _____ CELL# _____ EMAIL _____

OF PEOPLE EXPECTED _____ # OF VENDORS EXPECTED _____ TYPE OF ACTIVITY _____

DATES

TIMES

APPLICANT'S SIGNATURE : _____ DATE: _____

APPROVAL : _____ DATE : _____

For assistance call the Recreation Office at 973-728-2860 Monday-Friday from 8:30 am-4:30 pm

PROCEDURE:

1. Group submits reservation form to the Community Services & Recreation Department. A certificate of insurance naming West Milford Township and the West Milford Board of Education as the certificate holders must be presented and a completed Hold Harmless Form.
2. Recreation Department approves request and issues permit. Applications for permits shall be submitted not later than seven days before the proposed date of use.
3. **Depending on the event, a Townwide Permit may be required (issued from Building Department).
4. Permit is valid only for date 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.
5. 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)
6. The consumption of alcoholic beverages and smoking is prohibited.

Revised 02-23-2023

OVER



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

Authorized Signature

Witness

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