



EASTAMPTON ATHLETIC FIELD USAGE APPLICATION

Date of Application: _____

Organization: _____

Responsible Person: _____

Phone: _____

Email: _____

Street Address: _____

City: _____

Sport (check one) Soccer Softball Baseball Other (please specify) _____

Age group (check one) 10 & under 11-12 13-14 15-18 Adult

Field requested (check one) Hollyville Park Buttonwood Park Cliver Park

Weekday requested (check one) Monday Tuesday Wednesday Thursday Friday

Time requested _____ *unless specified, weekday times are from 5:30pm to dusk

Specify weekly beginning: _____ ending: _____

Saturday	9am-11am	11am-1pm	1pm-3pm	3pm-5pm	5pm-7pm	7pm-9pm
Check one						

*Sundays are on a first come first serve basis or by special event permit only.

Specify single dates _____

Signature of Responsible Person: _____

Date: _____

*Copy of proof of insurance must be provided or permit will not be issued

RULES & REGULATIONS

HOLD HARMLESS AGREEMENT/AFFIDAVIT

My organization and/or myself, agree to Indemnify and Hold Harmless the Township of Eastampton, County of Burlington, including all elected/appointed officials, all employees, volunteers, all boards/commissions, and/or authorities from any and all claims arising out of the negligence of the Insured's operations.

The above recited indemnification wording does not amend, extend or alter the coverage afforded by my organizations policy. Notwithstanding any requirement, term or condition of any contract or document to which this endorsement may pertain, the insurance afforded by this policy is subject to all terms, exclusions and conditions of this policy.

I further agree that my organization and/or I have reviewed and will adhere to Governor Phil Murphy's Executive Order No. 149 and any subsequent Executive Orders (specifically including, but not limited to Executive Orders No. 194 and No. 204), the Centers for Disease Control and Prevention guidelines, and the New Jersey Department of Health guidelines for Coronavirus disease 2019 ("COVID-19") in all aspects while I and/or my organization are using Township facilities and/or equipment. Furthermore I agree that I shall Hold Harmless and Indemnify the Township of Eastampton from any and all liabilities for any and all claims related to COVID-19."

Please submit a Program Preparation Plan for approval stating how you will comply with all Executive Orders and Guidelines.

Signature of Responsible Person: _____

Title/Relationship to Organization: _____