

**HOWELL TOWNSHIP
PUBLIC WORKS AND RECREATION DEPARTMENT**



Post Office Box 580 • 4567 U.S. Hwy. 9 North, Howell, NJ 07731
 Phone: (732) 938-4500 ext. 2451 Fax: (732) 414-3227
 Email: dpw@twp.howell.nj.us Website: www.twp.howell.nj.us

FIELD USE APPLICATION

(PLEASE PRINT)

Name of Applicant/League: _____ Team Name & Age _____

Address: _____ City: _____ Zip: _____

Field Contact Person: _____ Phone#: _____

President: _____ Address: _____ City: _____ Zip: _____

Home Phone#: _____ Business Phone#: _____ Fax/Cell#: _____

For Example:

DAY OF WEEK	MONTH	DATE	TIME	FIELD (S)	TIME LIGHT REQUEST
Sunday	March	3, 10, 17	3:00PM-10:00pm	3 & 4	7:00PM-10:00PM OG3 3/17 6:00PM-9:30PM OG4 3/10

The above applicant requests the use of field(s) for: *

DAY OF WEEK	MONTH	DATE	TIME	FIELD(S)	TIME LIGHT REQUEST

Field Usage Fee: RESIDENT - \$30.00 per game (2 hour increments)
 NON-RESIDENT - \$60.00 per game (2 hour increments)

Light Fee: RESIDENT - \$30.00 PER HOUR NON-RESIDENT - \$60.00 PER HOUR
 (Minimum 1-hour with additional 1/2 hour increments ONLY)

- Office must be notified of cancellation no later than 12:00pm on the working day prior to the scheduled light or field use, for any reason, to be eligible for a makeup. Field Usage and Light Fee must be made in advance.

Purpose for which field(s) are to be used (please check specific sport):

Baseball _____ Softball _____ Soccer _____ Basketball _____
 Football _____ Hockey _____ Other Sport (specify) _____

Will admission be charged? Yes _____ No _____ * Approximate # of people registered to use the field? _____

Officers of Organization:

Vice-President: _____ Phone#: _____

Secretary: _____ Phone#: _____

Any Organization using Howell Township fields are required to submit the following items to the Howell Public Works Department:

- Proof of Insurance naming Howell Township, 4567 US Hwy. 9 North, Howell, NJ 07731 as the "Additional Insured."
- A copy of the Team Roster & Schedule
- A copy of the Exempt Organization Certificate Form (ST-5)
- A list of all volunteers or employees confirming that an examination of fingerprinting was conducted in the last four (4) years by the FBI and New Jersey State Police. The FBI & NJSP does not reveal a disqualifier enumerated in Public Law 1999, Chapter 432.
- Completed Hold Harmless Agreement (see page 3).

Be Advised: NO permit(s) will be issued without this form completed in its entirety and all items have been submitted to the Howell Public Works Department.

Please list all Team Volunteers or Employees in alphabetical order (please PRINT):

<u>Last Name, First Name</u>	<u>Address</u>	<u>Telephone#</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If needed, please attach a copy of this list

Name _____ of _____ Insurance _____ Company Date: _____
Policy Number: _____
Name & Address of Agent: _____

All Organizations are responsible for compliance to Ordinances regarding Rules & Regulations for the use of Howell Township Fields. No alcoholic beverages are permitted at any time on Fields. NO EXCEPTIONS! Failure to comply may result in forfeiture of permit.

DISCLAIMER: The Recreation Accident Insurance Policy maintained by the Township is SECONDARY in coverage. Any and all claims must first be submitted to the claimant's primary health insurance carrier.

Applicant's Signature Please PRINT full name Date

CHECK _____ CASH _____ RECEIPT # _____ RECEIVED BY _____

All refunds are governed by the Howell Township Refund Guidelines & Procedures.

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HOLD HARMLESS AGREEMENT

(Please type or print)

BETWEEN THE TOWNSHIP OF HOWELL, MONMOUTH COUNTY, NEW JERSEY AND
_____ (Applicant)

WITNESSETH:

1. In consideration of permission to use the public facility described below on the _____ day of, _____ 20_____, the applicant does hereby covenant and agree to save and hold the Township of Howell, its agents, servants and employees harmless from any and all liabilities or costs arising out of the use of the described premises by the applicant, the applicant's invitees or other persons.
2. The facilities will be used for the following purpose and no other _____. Number of persons expected to attend _____.
3. The applicant is: (check one) _____ An Individual _____ Non-Profit Corporation
_____ A profit making organization _____ Other (describe) _____

If application is an associated or corporation, the undersigned certifies that the execution of the HOLD HARMLESS AGREEMENT HAS BEEN DULY AUTHORIZED.

4. The applicant acknowledged that the permission to utilize the facilities is limited to the portion of the premises herein described (if applicable) and the permission to use the facility is valid only for the activity herein described. Notwithstanding the foregoing, however, this HOLD HARMLESS AGREEMENT shall be applicable to any claim asserted against the Township of Howell or any loss incurred arising out of the applicant's activity whether or not the same extends beyond the permitted type or locale of activity or occurs on a different date than specified. The applicant further HOLDS HARMLESS, the Township of Howell and its agents, from all liability or costs arising from any interaction or contact between the applicant and other applicants/activities taking place on municipal property, or arising from adjoining private property.
5. The applicant specifically agrees that this Indemnification and Hold Harmless Agreement shall include the responsibility to provide legal defense for the Township of Howell for any suit arising out of the applicant's use of premises, and that should the applicant or the applicant's insurance carrier fail or refuse to provide such a defense, the applicant will reimburse the Township of Howell for any costs incurred by it for any person or organization acting on its behalf.
6. The undersigned is authorized to execute this HOLD HARMLESS AGREEMENT as the binding act of the applicant:

X _____ X _____
Signature of Applicant Date Signature of Applicant Date

If you (the applicant) are a corporation, association or company carrying insurance, please complete the information below. The applicant has furnished the certificate of Insurance described below as an additional inducement for the permission to use of the premises.

NAME OF INSURANCE CARRIER _____
CERTIFICATE NUMBER _____
LIMITS OF LIABILITY: Property Damage _____
Public Liability _____

A true copy of the Certificate of Insurance is attached hereto: _____. NOTE: Require \$1,000,000 per loss liability insurance for Special Events. Subject to review and approval by the Township Manager. The following additional documents form a part of the Agreement.

FACILITY USE APPLICATION _____ FACILITY OR FIELD DIAGRAM _____
LETTER DATED _____ RESOLUTION DATED _____
OTHER _____