

Charlestown Township 4030 Whitehorse Road P.O. Box 507 Devault, PA 19432 (610) 240-0326 phone (610) 240-0328 fax

## **REQUEST FORM – USE OF PARK FACILITIES**

Date Submitted:	
Name of Group or Organization:	
Contact Name and Address:	
Daytime Phone No.: ( )	Evening Phone No.: ( )
Fax No.: ( )	E-Mail:

For what activity would you like to have use of facilities?

What facilities would you like to reserve?

What date(s) and time(s) would you like to reserve the facilities?

How many participants (# of adults and # of children) do you expect to attend?

Does the individual or organization have insurance covering the planned event?

\_\_\_\_Yes (Please provide certificate) \_\_\_\_No

The applicant, whose signature appears below, will be present at the time the facilities stated above are to be used, and accepts responsibility for adherence to Township Regulations.

Signature of Applicant	Date
Address of Applicant	Home Phone
	Work Phone

## Liability Release

I/We do release and discharge Charlestown Township from any and all claims of liability or causes of actions in law and equity arising from our activities listed above on this form and on Charlestown Township property.

I/We do also release and discharge all right of and claims for contribution and indemnification against Charlestown Township by ourselves or such claims by any third parties in the event it becomes necessary to join Charlestown Township as an added defendant in any action brought by ourselves individually or jointly as a result of the above described occurrences.

I/We also agree to indemnify and hold harmless Charlestown Township from any and all actions, claims and damages that Charlestown Township would be obligated to pay third parties from actions arising our of my/our use of Charlestown Township property.

I/We agree to comply with all ordinances, statutes and regulations of all local, State and Federal authorities. Failure to comply will result in revocations of our permit for use and may also lead to fines and penalties.

Signature - Individual/Officer of Organization

Date

Approved by Township:

By:

Date