

**EAST WHITELAND TOWNSHIP
PARK & RECREATION BOARD
209 CONESTOGA ROAD
FRAZER, PA 19355
610-648-0600/Fax- 610-648-0678**

Park Use Permit Application/Agreement

I/We _____ respectfully request and apply for use of the following facilities: _____ at _____ Park between the period from _____ to _____ from the hours of _____ to _____.

I/We understand and agree that the schedule and usage submitted is subject to the following terms and conditions:

1. The facility shall be used solely for the purpose(s) of _____.
2. Applicant/user agrees to comply with all ordinances, statutes and regulations of all Local, State and Federal Authorities and Agencies; and user hereby indemnifies East Whiteland Township and agrees to save said Township harmless from all penalties, fines, costs, and damages and expenses resulting from failure to comply.
3. Applicant/user further agrees to indemnify and save East Whiteland Township harmless from all loss, damage, liability, claims and demands whether involving intentional misconduct, negligence or otherwise, arising out of or resulting from such use of facility.
4. Applicant/user shall not assign this lease or sublet this facility.
5. Applicant/user agrees to provide East Whiteland Township with evidence of insurance in amounts of the types, and with companies satisfactory to East Whiteland, to discharge applicant/user's obligations hereunder.

Insurance certificates must be submitted prior to field usage. East Whiteland shall be listed as an additional insured, and the minimum limits of insurance shall be:

Limits of Insurance:

Coverage A.	Bodily injury and property damage liability-
	Each Occurrence \$1,000,000.00
	Aggregate \$1,000,000.00
Coverage B.	Hired Auto and Non-owned auto liability-
	Each Occurrence \$1,000,000.00

* PLEASE NOTE- INSURANCE CERTIFICATE IS REQUIRED FOR FIELD USAGE ONLY

6. NO ALCOHOLIC BEVERAGES OR CONTROLLED SUBSTANCES PERMITTED ON TOWNSHIP PARK PROPERTY AT ANY TIME.

7. Subject to provisions above, this Application/Agreement shall be binding upon heirs, executors, successors and assigns of the parties and shall be interpreted under the laws of the Commonwealth of Pennsylvania

8. Applicant/user, if a private youth/adult organization, or an instructional group of youth/adult teams, agrees to pay a fee on behalf of that organization for the facility or facilities requested in accordance with the following fee schedule:

Soccer/Ball fields	\$40.00 per use/per field reserved in 4 hour increments or \$750.00 per season (one evening weekly for 20 weeks)
Tennis Courts	\$30.00 per use (one court) per each 3 hour period

Volleyball Courts \$25.00 per use (one court) per each 2 hour period

9. Applicant/user, if a non-profit youth organization (i.e. Little League, youth soccer program, etc.), agrees to pay a fee on behalf of that organization for the facility or facilities requested in accordance with the following fee schedule:

Ball fields \$10.00 per day /per field in 4 hour increments (including evenings) (Season to be defined specifically in request, including calendar days and hours requested).

10. If resident, non-resident, or business, shall pay a fee on behalf of that organization for the facility or facilities requested in accordance with the following fee schedule:

PAVILION AND AMPHITHEATHER RESERVED IN FOUR HOUR INCREMENTS-

Pavilions: \$0.00 per use – residential for personal use
\$50.00 per use-non-residential for personal use
\$100.00 per use- business use

Amphitheater: \$50.00 per use- residential use
\$100.00 per use-non-residential for personal use
\$150.00 per use- business use

Fee payment(s) must be made in full with application request unless special arrangements have been previously made. If application request can not be honored, fee payment(s) will be returned. Application/user may be required to provide a name/address roster of each/all teams using the field(s) prior to first approve usage date(s).

The organization requested permission to use the Park facilities shall complete an application which also shall serve as a hold harmless agreement and shall submit a certificate of insurance showing coverage for the minimum limits required by the Township.

11. Percent of Organization who are East Whiteland residents.

Applicant's Organization

Applicant's Signature

Applicant's Address

Applicant's phone number

Date

FOR TOWNSHIP USE ONLY – Application Approved by:

Authorized Signature

Permit No.

Date-_____

Amount Paid_____

Check #_____