

Office use only:

**HESS
DAVIES
POOL
SHANER
OTHER**

D.O.U._____ **Time**_____
ROOM_____
USE_____
EQUIPMENT: _____

CONTACT_____ **PHONE**_____

Applicants please fill in box below only!

APPLICATION FOR USE OF BUILDINGS AND GROUNDS

Name of Organization_____ Date_____

Address_____ E-mail_____

President_____ Phone_____

Secretary_____ Phone_____

DATE OF USE _____ Time: Start_____ End_____

LOCATION: HESS_____ DAVIES_____ POOL_____ SHANER_____ OTHER_____

Room Requested_____ Activity_____

Equipment Needed_____

Number of people attending _____ Admission Charge?_____

Proceeds used for _____ * Plays please attach script for review.

All approved applicants must furnish a certificate of insurance at least five(5) days prior to use, naming the Hamilton Twp. Board of Ed. as an insured party. The Insurance policy must be underwritten by a company licensed to do business in the state of New Jersey, and must include the following coverage:\$500,000 bodily injury and property damage, combined single limit including blanket contractual, premises and product liability. Applicant is required to carry Excess Accident Insurance on all participants, and a Cert. Of Insurance is required. Recommended limit of coverage is a minimum of \$250,000.

The applicant has read and does agree to comply with all of the terms, rules and regulations as shown on this form and attachment, and does agree to pay promptly the charges as stated in the contract by means of certified check, cashier's check, or money order.

Signature/Title_____ Date_____

Applicant should read carefully all rules and regulations for use of school property.

Confirmation will be e-mailed to applicant.

For Office Use:

APPROVED_____ DISAPPROVED_____ Signature _____ Date_____

Remarks_____

Indemnity and Hold Harmless Agreement

_____ agrees to indemnify and hold harmless the Hamilton Township school District and their agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees incase it shall be necessary to file an action arising out of activity herein, which is 1) for personal or bodily injury, illness or death, or for property damage, including loss of use and 2) caused in whole or in part by negligent act or omission. This indemnification and agreement shall apply in all instances whether Hamilton Township School District is made party to the action or claim or is subsequently made a party to the action by third- party in-pleading or is made a party to a collateral action arising, in whole or in part, from any of the issues emanating from the original cause of action,

By: _____ Date _____
(Individual or Group)

Please Note:

TO VERIFY APPROVAL, DATES, TIMES AND LOCATION PLEASE
CHECK OUT THE FACILITIES CALENDARS AT
www.hamiltonschools.org If your event is not on the calendar please call
609-476-6311. If your event is not scheduled on the calendar you will not
be allowed in the building.