

Jackson Township Department of Recreation and Senior Services
45 Don Connor Blvd., Jackson NJ 08527
Phone: 732-928-1200 ext. 1225 Fax: 732-928-3428 janderson@jacksontwpnj.net

PERMIT FOR USE OF FACILITIES

Name of Organization _____

Contact Person: _____ Cell: _____

Address: _____

Email Address: _____ Alternate Phone: _____

Facility that you are requesting? _____

Field _____

Dates of Usage From _____ To _____

Days? Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

Times: From _____ To _____ (Please be advised that if you are requesting fields with lights a fee may be applied)

Purpose for which facility will be used? Practice _____ Game _____ Tournament _____

Details of use? _____

Organizations are limited to one tournament per year

Will a fee be charged for participation? _____ if yes, please state amount per participant _____ team _____

REQUIREMENTS: A game schedule and a certificate of insurance must be provided upon submittal of this request. The certificate of insurance must indicate the following:

- 1. Certificate Holder
- 2. Jackson Township additionally insured
- 3. Name of park/facility
- 4. Activity
- 5. Date(s), Day(s) and time(s) of activity

Approval of the park will not be given without the above information listed on certificate of insurance. No alcoholic beverages permitted at any time. Permits are not transferable to another organization without the approval of the Recreation Department.

Special Requests _____

I have read the requirements of securing a permit for the use of Jackson Township facilities and I am an officer of the requesting organization. I may be held responsible for damage or loss as a result of my use of these facilities.

Signature _____ Title _____ Date _____

APPROVED OR DENIED: By: _____ Date _____
Joeylynn Anderson, Recreation/Special Events Coordinator - Jackson Township Department of Recreation

IF DENIED – REASON: _____

Permits will not be issued without the following: Completed permit for use of facilities, completed certificate of Insurance, Hold Harmless, and Signed verification that all requirements have been read and understood

REQUIREMENTS

Please review and sign the information below before submitting a permit for use of facilities

Park Hours: Parks will be closed to the public between the hours of 9p.m. and 6 a.m. Neighborhood parks and playgrounds are closed to the public from 6 p.m. – 9 a.m. Facilities have summer hours and are closed from 8 p.m. to 9 a.m. The only exceptions are programs specifically scheduled by the Department of Recreation. Code 82-1/Pages 8203 and 8204

1. Requests for use of fields for “league play” must be submitted 90 days prior to start of league. All other requests require 30 day notice.
 - a. Field permits for the Justice Complex will not be issued beyond 10:00 p.m. at which time lights will be shut off. It is a coach’s responsibility to end play prior to 10 p.m.
 - b. Responsibility for clean-up is solely that of the applicant.
2. Separate permit forms are required for each facility requested, tournaments and use of concessions stand.

3. **TOURNAMENTS**

- a. ***Organizations are limited to one tournament per year***
- b. An organization applying for a tournament permit must have one resident team consisting of 75% Jackson players.
- c. Organizations must submit a roster of resident team showing name and address of players.
- d. Additional port-o-johns, the lining of fields and clean up after tournament are the responsibility of the permit holder.

Note: Location of additional port-o-johns to be determined by the Department of Recreation and Senior Services. The department is to be supplied with the names of the company, contact number, and delivery and pick up dates. Permit holder assumes all responsibility for port-o-john liability by signature on permit form.

- e. Tournament location and length are at the discretion of the Department of Recreation and Senior Services.
 - f. Tournament permits may be issued to field permit holders only.
4. Requests are for Spring (March through August) or Fall (September through December). **NO BLANKET PERMITS WILL BE ISSUED. A GAME/PRACTICE SCHEDULE IS MANDATORY**
 5. Request(s) must indicate purpose of use, name of facility, dates, times, ending dates, etc., Specifics on participation and detail or special requests may be necessary information, i.e. rosters may be required to determine residency of participants. As a general guideline we require 75% of players to be Jackson residents.
 6. A Certificate of Insurance, Tax Exempt Certificate and a completed Jackson Township Hold Harmless must be provided upon submittal of a request. Approval of park/facility will not be issued without completed forms.
 7. All permit requests are subject to Jackson Township Park Rules and Regulations and the scheduling of field maintenance requirements.
 8. Department of Recreation and Senior Services also reserves the right to deny a permit or restrict use.

For example:
 - a. improper or inaccurate application
 - b. limited capacity

- c. if a facility is deemed incapable of safely accommodating the activity
- d. the need to maintain fields
- e. If organization is not a non-profit organization

9. Department of Recreation programs have precedence.
10. **PERMITS ARE NON-TRANSFERABLE. The holder of a permit may not transfer any portion to any other individual, organization, travel team, etc., without a separate permit issued by the Department of Recreation and Senior Services.**
11. Organizations/user must keep a copy of their signed permit on their possession while utilizing facilities.
12. NO ALCOHOLIC BEVERAGES PERMITTED AT ANY TIME
13. Restrooms are available at the Justice Complex; port-o-johns are available at all other facilities.
14. After submittal, the department will forward a signed permit to the applicant. If a signed permit is not received within 10 days it is the applicant's responsibility to contact the Recreation Department.
15. Misuse of permit issued may result in the necessity to post bond for subsequent use requests.
16. It is at the discretion of the Department of Recreation to cancel permitted dates at any time, you will be notified by the department in a timely manner of cancellations

The applicant has read and understands all requirements for permit for use of facilities. The applicant also agrees to uphold all permit requirements.

Signature: _____ Date _____

Name of Organization _____

Contact Person: _____ **Cell:** _____

Address: _____

For office Use Only

Permit approved for the following:

Location: _____ **Field** _____

Dates & Times : _____

Exceptions/No Usage: _____

Signature _____ **Date Mailed** _____

Joeylynn Anderson Recreation/Special Events Coordinator - Jackson Township Department of Recreation

JACKSON TOWNSHIP HOLD HARMLESS

DATE: _____

Name of Organization _____

Contact Person: _____ Cell: _____

Address: _____

The applicant has furnished a Certificate of Insurance naming Jackson Township “additionally insured” as an additional incentive to participate in _____ (name of activity)

Name of Insurance Carrier: _____

Certificate Number: _____

Property Damage: _____

Public Liability: _____

**A true copy of the Certificate of Insurance is attached hereto
NOTE: MINIMUM INSURANCE REQUIRED S.L. \$1,000,000**

The applicant is _____ Non Profit Corporation
_____ Non Profit Association
_____ An Individual
_____ A profit making organization

HOLD HARMLESS INDEMNIFICATION: In consideration of participating in the activity named above, the applicant does hereby covenant and agree to save, defend and hold harmless the Township of Jackson, its agents, servants and employees from any and all liabilities or costs arising out of the applicant’s participation in this event.

The applicant agrees to indemnify the Township from any legal costs, which might arise from such liability. And in the event the applicant’s insurance carrier should fail to pay for such a defense, then the applicant shall reimburse the Township for any costs incurred by it for any person or organization acting on its behalf.

The undersigned is authorized to execute this Hold Harmless and Indemnification Agreement as the binding act of the applicant.

Applicant: _____ **Date:** _____