

Application for Use of Facilities

**Horseshoe Bend Park**

Horseshoe Bend Road, Frenchtown, NJ 08825

<b>Date:</b>		
Name of Organization:	Responsible Person:	
Address:	Phone:	
	Purpose:	
e-mail address:		
Will Admission be charged: Yes _____ No _____ If <b>Yes</b> , please explain:		
Are you or the group you represent Kingwood residents or a Parks and Recreation sponsored organization? Yes _____ No _____ If <b>no</b> , please refer to to Chapter 34 - Ord. No. 16-24-2011		
<b>FACILITY REQUESTED: (check all that apply)</b>	<b>DATES &amp; TIMES FACILITY REQUESTED:</b>	
*Morton Building:	Date:	Time:
*Morton Building (Bathroom Only):	Date:	Time:
Leash Free Dog Area:	Date:	Time:
*Use of these facilities requires the completion of the <b>Facilities Use Agreement - Horseshoe Bend Park - Morton Building</b> and payment of applicable fees.	Date:	Time:
	Date:	Time:
	Date:	Time:

*I agree on behalf of the above indicated organization that all members and guests will observe the regulations and that we, individually and as an organization will assume full financial responsibility for any and all damages done to Kingwood Park property during the above indicated period of use. We also agree that our organization will at all times hereafter indemnify the above named park against any loss, damage or expense of any kind, which said park may sustain or incur because of use of the above described facility by our organization and we will further hold said park harmless for any loss of any kind in connection herewith.*

*I understand that all Kingwood residents and related Park sponsored activities have first priority for use of facilities. To help defray the cost for the park, donations are welcome!*

*I have provided a certificate of insurance (organization use only) and read the ordinance attached governing the use of Kingwood Park facilities.*

**User must provide a certificate of \$1,000.000. showing that Kingwood Township, 178 Horseshoe Bend Rd, Frenchtown, NJ 08825, is additionally insured.**

*I understand that if the activity proposed will have over 100 participants, that I must provide one portable toilet facility for each additional 100 persons.*

*I understand that if the activity proposed will involve the cooking of food on-site or the use of a food vendor, I must get a Permit to Operate a Temporary Food Concession from the Township. No reservations will be made until application is approved and confirmed by Kingwood Parks & Rec.*

*COVID-19: The novel coronavirus, COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person to person contact. It is believed that an individual can be infected with COVID 19 without their knowledge and be asymptomatic. Kingwood Township has put in place preventative measures to reduce the spread of COVID19. However Kingwood Township cannot guarantee that I/We or anyone else will not become infected with COVID-19, including my spouse, guests, unborn child or relatives. Participation in a Kingwood Township sponsored athletic sports program(s), related activity or event or using Kingwood Township facilities, could increase the risk of contracting COVID-19. By signing this agreement I/We acknowledge the contagious nature of COVID-19 and VOLUNTARILY assume the risk that I/We may be exposed to or infected by Covid-19 by participating in a Kingwood Township athletic sports program(s), related activity or event or by the use of Kingwood Township facilities and that such exposure or infection may result in personal injury, illness, permanent disability, and death to myself or others, including but not limited to, Kingwood Township employees, volunteers and program participants. I/We understand and voluntarily accept and assume all the foregoing risks related to COVID-19 and accept sole responsibility for any injury or illness that may occur. Further, I/We understand and agree that this release includes any Claims based on the actions, omissions or negligence of Kingwood Township, its employees, agents, officers or volunteers and assigns whether a COVID-19 infection occurs before, during or after participation in any Kingwood Township athletic sports program(s), related event or activity or by the use of facilities*

**I            have read the Rules and Regulations**

**Signature      Date**

\_\_\_\_\_

**Park Director/Municipal Official**

**Received on :**

Name: \_\_\_\_\_

Fee: No Charge- Resident Field Usage \_\_\_\_\_

Fee: \$158.00 Non-Resident Field Usage \_\_\_\_\_

\_\_\_\_\_  
Signature