

APPLICATION TO USE HAMBDEN TOWNSHIP BASEBALL FIELDS

Date: _____

Group/Organization: _____

Representatives Name: _____

Address: _____

Email address: _____

Telephone Number: _____ Cell Phone Number: _____

Ball Field _____ Dates Reserved: _____

Applicant shall be responsible for the actions of all persons in their organization using the Ballfield or other facilities located upon the grounds.

Applicant shall assume all liability and shall hold the Township harmless as to any injuries or property damage incurred by a member of the Applicant or to any person watching and/or participating for any reason.

Applicant shall advise their members to park only in the designated areas.

Applicant shall advise their members of all rules, as determined by the Township, and shall require that their members follow said rules.

Applicant shall not allow the Ballfield to be defaced or damaged as well as not to drive, or permit others to drive, outside of designated areas located therein. Use or allow the Ballfield to be modified or altered in any way except as approved by the Township. Use or allow alcohol or illegal drugs to be consumed anywhere on the premises. Use or allow any firearms anywhere on the premises. Use or allow profanity or physical altercations anywhere on the premises of the Ballfield area.

The Ballfield and area shall, at all times, be under the control of the Township. The Township and/or its representatives shall have the right, at all times, to enter the Ballfield, to examine and/or to perform their duties.

As a condition precedent to the effectiveness of this agreement, Applicant at its sole cost and expense, shall obtain and maintain in force, a general liability insurance against all claims or injuries to person(s) or damage(s) to property occurring during an event or upon the premises. By signing this form, the Applicant declares that they have obtained an insurance policy meeting the terms of this agreement. A copy of the Certificate of Insurance is required to be submitted to the HambdenTownship office, 13887 GAR Highway, Chardon, OH, 44024 at the time of reservation.

Signature of Applicant _____

Date _____

Approved by HambdenTownship Representative _____

Date _____