

**KINGSTON TOWNSHIP  
MUNICIPAL FACILITIES/MEETING ROOM USE**

**APPLICATION**

This form is to be used by all groups entitled to use the facilities listed below for an event that is not a Kingston Township associated commission, committee, board or association. All groups under the control of Kingston Township shall be given priority in scheduling.

**REQUESTED FACILITY**

\_\_\_\_\_ Supervisors Meeting Room, upper level (maximum occupancy 150 persons)  
(No food or drink allowed)

\_\_\_\_\_ Herbert Hill Meeting Room, lower level (maximum occupancy 50 persons)

\_\_\_\_\_ William Tippet Meeting Room, lower level (maximum occupancy 35 persons)

\_\_\_\_\_ Center Street Park Field

\_\_\_\_\_ Center Street Park Restrooms (Refundable deposit of \$300)

Park Restroom deposit            \$ \_\_\_\_\_ (check payable to Kingston Township)

**TYPE OF ORGANIZATION**            (indicate all that apply)

- Government related             Non-Profit organization             Charity
- Resident group/association     Youth-adult group/association
- Sports organization             Emergency Services training/group/association

**ORGANIZATION NAME:** \_\_\_\_\_

**ORGANIZATION CONTACT:** \_\_\_\_\_

(A written response will be given, please indicate in which manner you would prefer to be notified)

**OAddress:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

\_\_\_\_\_ **Phone #** \_\_\_\_\_

**OE-mail:** \_\_\_\_\_

**Date Requested:** \_\_\_\_\_

**Beginning time:** \_\_\_\_\_ **AM – PM**            **Ending time:** \_\_\_\_\_ **AM – PM**

**Estimated Attendance:** \_\_\_\_\_

**Subject/Purpose of Meeting** \_\_\_\_\_

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(please be specific)

**SPECIAL REQUESTS**

\_\_\_\_\_ Permission to serve refreshments (Lower level meeting rooms only) \_\_\_\_\_ Permission for pre and/or post extended use

\_\_\_\_\_ Permission to set up special equipment and/or décor (please list all below)  
\_\_\_\_\_  
\_\_\_\_\_

Any group using Kingston Township facilities or grounds shall:

1. Be required to release Kingston Township from any liability for damages caused to the user or its property during the time of use,
2. Hold Kingston Township harmless from any liability to third parties for injury caused by the group or any persons or groups to attend the event,
3. Be liable to Kingston Township for any damages to Kingston Township property or injuries to Kingston Township employees or agents caused by the group or by any person attending the group's events, whether or not damage is the result of negligence, intentional acts or accident,
4. Provide evidence of liability insurance coverage as part of any application that may involve physical activity i.e. youth or adult sports events/organizations,
5. Be responsible to pay maintenance costs associated with excessive clean-up. Maintenance costs will be determined on the employee's current hourly pay and benefit rate and any additional equipment or supplies needed in conjunction with the cleanup.

Denial of Usage – Kingston Township reserves the right to deny applications for use if the user has previously violated the rules set forth in the Kingston Township Municipal Facilities/Meeting Room Use Policy or if the use would pose health or safety risks.

The Kingston Township Board of Supervisors and/or the Township Manager reserves the right to approve all applications.

***I hereby accept liability and hereby agree to indemnify and hold harmless Kingston Township, Pennsylvania, its officers, agents and all employees and volunteers, from any and all claims for bodily injury, personal injury, and/or property damage in connection with the use of any Kingston Township facility. I accept responsibility for control of the area until the meeting is finished. I accept responsibility for complying with all Americans with Disabilities Act (ADA) requirements. I recognize that it is my responsibility to supply ADA required assistance for this event. I have read and agree to comply with the "Kingston Township Rules for Use of Facilities and Grounds". The undersigned hereby certifies that he/she is authorized to execute this document on behalf of the organization, association, group, etc. requesting the use of the facility.***

\_\_\_\_\_  
Applicant Name/Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Restroom Facility Key Holder Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date