

**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)
- _____ Center Street Park Field
- _____ Center Street Park Restrooms (no deposit required)

TYPE OF GROUP (indicate all that apply)

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

GROUP NAME: _____

GROUP 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 Activity _____

(please be specific)

SPECIAL REQUESTS

_____ Permission for pre and/or post extended use

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

O Sports organization

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. **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. **Kingston Township reserves the right to deny access to the Center Street Park Field and/or Restrooms when Kingston Township deems the Field and/or Restrooms to be unsuitable for use due to construction or when other health or safety risks are present. Though Kingston Township will give advance notice whenever possible, the Field and/or Restrooms may be closed on short notice.**

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