

Elmwood Park Recreation Dept.

Municipal Building

500 Blvd., Elmwood Park, NJ 07407

Phone# 201-797-2640 Fax # 201-475-9495

USE OF FACILITY AGREEMENT

Organization _____

Purpose _____

Name _____

Address _____

Driver Licence # _____

Phone # _____ **Cell#** _____

Days & Dates _____ **start time** _____ **till** _____

_____ **start time** _____ **till** _____

_____ **start time** _____ **till** _____

Crafts Room () *Gym () Hut Meeting Room ()

Game Room () **Parking Lot ()

*Gym use will be approved with exception of any special events run by the Rec. Dept.

**Parking lot valid for Jan.- May only.

I understand that I am responsible for clean up. Rooms must be left as they were found. Children are not allowed to be unattended. Any items broken or damaged are to be paid for by your organization.

Signature _____ **Date** _____

Approved by _____ **Date** _____

Recreation Director

ELMWOOD PARK RECREATION DEPT.
500 BOULEVARD
ELMWOOD PARK, NJ 07407
201-797-2640 FAX. 201-475-9495

FIELD PERMIT

Permission is hereby requested by: _____

For use of _____

For the following purpose _____

If inclement weather occurs, the field may be unavailable for use. We will notify you by phone or you can call the Recreation office at 201-797-2640

Weekdays _____

Date _____ Time _____

Saturday _____ Date _____ Time _____

Sunday _____ Date _____ Time _____

NOTE: Condition of the field and the area surrounding the field must be clean of all debris upon leaving the fields. Failure to abide these rules will lead to forfeiture of your permit.

NO ALCOHOLIC BEVERAGE is allowed on any fields or Recreation properties in Elmwood Park

NO SMOKING is allowed on any fields or Recreation properties in Elmwood Park

Any damage to any one's property will be the responsibility of the group using the field.

Representative (person in charge of program)

Please print _____

Home Phone# _____ Work # _____

Cell # _____ Driver License # _____

Address _____

Representative signature _____ Date _____

Must be able to reach above named individual by phone during the day.

Recreation Director _____ Date _____



Elmwood Park Recreation Department
500 Boulevard
Elmwood Park, New Jersey 07407
201-797-2640 Fax 201- 475-9495
Donna Puglisi, Recreation Director

Outdoor Facility Permit Guidelines
Organization / Group / Individual Use Policy

General:

1.1 All groups wishing to use The Borough of Elmwood Park Recreation Department's outdoor facilities shall apply for a permit.

1.2 Allocations shall be based on field availability, scheduled renovations and turf control measures, implemented by the Recreation Department and the Department of Public Works.

1.3 Deadline dates for permit applications:

Spring / Early Summer (April – July) due by March 10
Late Summer / Fall (August – November) due by July 10

1.4 Permit applications received after the deadline will be considered only if there is field availability remaining.

1.5 The Recreation Director shall have the authority to grant or deny Borough field permits after the March & July deadlines provided that the applicant meets all the criteria and availability of the requested venue. In the event of a denial, the applicant shall be apprised of the reason(s) in writing and will be able to resubmit a permit request or request a hearing at the next scheduled Board of Recreation Commission Meeting. Meeting dates and times are posted in Borough Hall and on the Borough website, but are generally held the third Tuesday of each month with the exception of August.

1.6 Dogs, consumption of, or being under the influence of alcohol/drugs, or smoking are strictly prohibited on all Borough Park land. Immediate revocation of permit and suspension of future permit privileges will result.

1.7 This permit is for sports or recreational purposes only. No admission fees can be charged. Vending or cooking is prohibited unless a special permit from the EP Health Officer is obtained and a copy of said permit is attached to the Outdoor Facility Permit request. Amplified sound is allowed as long as it does not become a public nuisance.

1.8 Insurance coverage (see attached forms for proper insurance requirements).

1.9 Permits must be displayed at all times and are not transferable.

Priority for Use:

2.1 Priority Tier for use shall be decided in the following order:

Any Recreation Department Program / Sport, Elmwood Park 501(c)(3) Nonprofit Organization Serving Elmwood Park Youth, Board of Education, Uniformed Services (PD, FD, Ambulance Corp), St. Leo's School, EP Businesses, Other Elmwood Park Not-for-Profit Groups (75% or more EP residents or EP business employees), Elmwood Park Adult Leagues (75% or more EP residents or EP business employees), Elmwood Park Adult Leagues (no fewer than 50% of EP residents or EP business employees) All other Private/ Out of Town Teams / Organizations, Private Clinics/Camps, Private Tournaments.

2.2 When two or more applicants are on an equal footing and applying for the same field space, priority will be given to the traditional in-season sport.

2.3 Administrative Fees:

These permit fees apply to all Borough Fields maintained by the Elmwood Park DPW (Borough Field – Main, Recreation Softball Field, Major League Field, Pine St. Field, English Ave Field, Gilbert Ave Field #1 and #2 and Rt. 46 Field/Mosquito Jungle Field)

Fees are based on two-hour blocks of time unless otherwise noted. Use of lights at any field is subject to additional fees and are all due with your application submission.

Elmwood Park Recreation Permit Tier

	Youth Permit	Adult Permit	Light Fees (Due with Application)	Tier Description
Tier 1	No Charge	No Charge	No Charge	EP Rec Programs, EP 501(c)(3) Youth Organizations, EP Board of ED, Uniformed Services (PD, FD, Ambulance)
Tier 2	No Charge	No Charge	\$25 per hour	EP Not for Profit >75% of EP residents, St. Leo's, EP Businesses
Tier 3	N/A	\$50 / 2 Hours	\$50 per hour	Adult Leagues / teams >75% of EP residents
Tier 4	N/A	\$100 / 2 Hours	\$50 per hour	Adult Leagues / teams >50% of EP residents
Tier 5	\$100/ Hour	\$100/ Hour	\$100/ Hour	Private/Out of Town teams / Organizations, Private Clinics or Camps, Private Tournaments

Care of Facilities:

3.1 If the Recreation Department has not closed the field due to unfavorable conditions, it is still the responsibility of the permit holder to determine if an activity can be held due to wet or unfavorable conditions.

3.2 Fields are not to be used if they contain standing water, muddy surfaces, or other potentially safety/damaging conditions. Permit holder will be held responsible for any field repairs should damage occur if attempts are made to fix and play on an unplayable field.

3.3 Any and all litter that is generated during the time permitted must be properly disposed of. Should any trash be left behind, additional charges can be imposed.

3.4 Users are not allowed to perform any type of field maintenance without the consent of the Recreation Department and Department of Public Works.

3.5 Failure to abide by the above statements could result in the immediate revocation of permit and suspension of future permit privileges.

Communication:

4.1 All permit holders/leagues are responsible for ensuring all coaches, volunteers, parents/guardians, and participants are aware of all rules regarding use and conduct on the fields.

4.2 Coaches, volunteers, parents/guardians and participants should not contact the Recreation Department concerning field usage and are asked to communicate to the Recreation Department via their proper league officials.

4.3 All accidents shall be reported to the Recreation Department as soon as possible. Likewise, any and all incidents/damage shall be reported.

4.4 All concerns, especially those regarding safe use of the facilities, should be reported to the Recreation Department immediately.

4.5 Permit holders should be prepared at any time to present their permit to the Recreation Department personnel, EP Police Department, and/or DPW personnel as proof of authorization to use the facility. Failure to do so will result in the immediate revocation of permit and suspension of any future permit privileges.

ACKNOWLEDGEMENT OF RECEIPT OF POLICY

The undersigned, and applicant of a playing field and/or related facilities use permit, acknowledges that the undersigned has received and read a copy of the Elmwood Park Outdoor Facility Permit Guidelines and Use Policy, and understands and will fully abide by the terms, conditions and provisions contained or referred to therein.

Signature

Date

Print Name

Checklist for permit application: No action will be taken on permit application until all aspects are complete.

1. Completed application with signed acknowledgement of policy statement.
2. Proper insurance certificate is attached as referenced in Section 1.8.
3. Associated rosters signed by league director/president/business owner/group leader authenticating residency requirements for Tier 2, 3 & 4 users as well as complete game schedule(s) and lighting requirements.
4. Copies of valid Driver's Licenses of ALL participants on all rosters required for supporting residency requirements for Tier 2, 3 & 4 adult users.
5. For all youth organizations using Elmwood Park fields, a letter from the organization's President stating that all Board Members, Coaches and Volunteers have been fingerprinted and Rutgers certified as required as well as the complete list of all the names, addresses and phone numbers of each. Should any new additions be made to that list, the Recreation Department and Director MUST be notified in writing prior to the individual taking the field. An affidavit must be signed by the new member while the Recreation Director awaits the fingerprinting results.
6. Payment for all required fees **must be submitted** with permit application. No exceptions.
7. A copy of any special cooking/vending permit from the EP Health Officer (if applicable)

This Form is to be returned with the permit application indicating the applicant has read and agrees to the terms listed in this document.

Signature Date

Print Name

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

GKhold1

DATE (MM/DD/YYYY)
03/23/2005

PRODUCER
Professional Insurance Assoc.
429 Hackensack St.
P.O. Box 818
Carlstadt, NJ 07072

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Sample
123 Main Avenue
Anywhere, NJ 0000

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: A Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

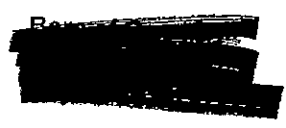
INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	000000	01/00/05	01/00/06	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per Occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	000000	01/00/05	01/00/06	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	000000	01/00/05	01/00/06	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below. OTHER	000000	01/00/05	01/00/06	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE



BOROUGH OF ELMWOOD PARK
Bergen County, New Jersey

**HOLD HARMLESS AGREEMENT
USE OF MUNICIPAL FACILITIES**

Between the **BOROUGH OF ELMWOOD PARK**,
with principal offices located at: **182 Market Street, Elmwood Park, NJ 07407**

And

Organization Name

Street Address (Not Post Office Box)

_____ *Telephone Number* _____ *Contact Person*

Organization Type: *(Please Check One)*

- Individual
 Non-Profit Organization
 Profit Making Organization

In consideration for use of municipally owned facilities at _____
_____ on the following date(s): _____

for the purpose of _____

the undersigned agrees to indemnify, defend and hold the **Borough of Elmwood Park, NJ** (hereinafter referred to as the "Municipality") and its officers, agents, members, employees and assigns harmless from any and all liability, demands, claims, suits, losses, injuries, damages, judgements, expenses, costs and attorneys' fees arising out of the use of the above stated municipal property for the purposes stated above.

I (we) understand this Hold Harmless Agreement also provides the Municipality be indemnified from any and all liability, claims, demands, damages, judgements, expenses and costs of any kind resulting from the acts or omissions from any guest, participant, visitor or other person attending the event herein referred, unless waived in writing by the Municipality.

**HOLD HARMLESS AGREEMENT
USE OF MUNICIPAL FACILITIES**

Page 2 of 2

I (we) agree to furnish a Certificate of Insurance evidencing Workers Compensation coverage (except for an individual) as well as Auto Liability (as applicable), General Liability, Bodily Injury and Property Damage coverage with minimum limits of liability not less than:

- _____ \$ 300,000. for an Individual
- _____ \$ 500,000. for Non-Profit Organization
- _____ \$1,000,000. for a Profit Making Organization or Corporation

The Certificate of Insurance shall also specifically name the Municipality as an additional insured with respect to General Liability coverage for the event listed above. The Certificate must be furnished to the Municipality prior to the commencement of the event.

It is further understood and agreed, the Municipality is not responsible for personal property of the undersigned or their guests or participants.

The following information concerning the intended use of the premises is furnished:

- a) Total number of persons anticipated is _____.
- b) Live entertainment (will) or (will not) be provided.
- c) Other _____

Signed this _____ day of _____, 200__, as the binding act in deed
of _____
Name of Organization or Party

Authorized Signature

Witness

Print Name

Print Name

NOTE: No photocopied or facsimile copies of this signed original Agreement shall be accepted. Only the original Agreement signed by an authorized individual shall be accepted. No exceptions and/or limitations to this Agreement will be accepted.