

**TOWN OF NORTH ATTLEBORO
PARK & RECREATION
FACILITY USE REQUEST FORM**

2018
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REQUESTING ORGANIZATION: _____ **TODAY'S DATE:** _____

ADDRESS: _____ **CITY/TOWN:** _____

HOME PHONE: _____ **WORK PHONE:** _____

EMAIL: _____ **ATTENDANT REQUIRED:** YES / NO

FACILITY REQUESTED:

Start Date Requested: _____ **End Date requested:** _____ **Number of People:** _____

- | | | |
|---------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Community Football Field | <input type="checkbox"/> Little Mason Field | <input type="checkbox"/> W.W.I Park- Lg. Lot Picnic Area |
| <input type="checkbox"/> Community Baseball Field | <input type="checkbox"/> Big Mason Field | <input type="checkbox"/> W.W.I Park- Julia's Picnic Area |
| <input type="checkbox"/> Community Softball Field | <input type="checkbox"/> Poholek Field @ Mason Field | <input type="checkbox"/> W.W.I Park- Zoo Picnic Area |
| <input type="checkbox"/> Veterans Park | <input type="checkbox"/> Ruth Rhind | <input type="checkbox"/> W.W.I Park – Lookout |
| <input type="checkbox"/> Columbia Field- Football | <input type="checkbox"/> Columbia Field- Baseball | <input type="checkbox"/> Petti Field |
| <input type="checkbox"/> Town Hall Gazebo | <input type="checkbox"/> High Street | <input type="checkbox"/> Other _____ |

Monday/Time: _____ to _____ **Tuesday/Time:** _____ to _____ **Wednesday/Time:** _____ to _____

Thursday/Time: _____ to _____ **Friday/Time:** _____ to _____

Saturday/Time: _____ to _____ **Sunday/Time:** _____ to _____

PURPOSE: _____ **PERSON RESPONSIBLE:** _____

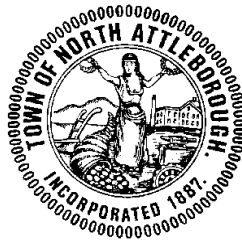
(Please outline and describe your event in more detail on a separate sheet of paper)

The requesting organization agrees to hold the North Attleboro Park & Recreation Department free and harmless from any and all liability, penalties, losses, damages, costs, expenses, causes of action, claims of judgements arising from injury during the use of the facilities to persons and / or property of any nature occasioned by any act or acts, omission or omissions, of the requesting organization, or of its members, agents, servants, guests or invitees, and growing out of the use of the facilities, and against all legal costs and charges reasonably incurred in and about such matters, and the defense of any action arising out of the same.

Requesting organization agrees to be bound by all the rules and regulations of the North Attleboro Park & Recreation Department for the Use of Facilities. Rules and regulations are available in the Park & Recreation Office at Mason Fieldhouse, 446 Elm St. Some rules include: **NO ALCOHOLIC BEVERAGES, NO BALLOONS AT W.W.I PARK OR SITES**, and activities involving children shall not begin before 12:00 Noon on Sundays.

Please note depending on your event, proper permits must be obtained from other Departments before the Recreation Department Permit is valid (I.E. Board of Health, Selectmen, Police, Fire) Contact the Park Department for more specific requirements.

If an attendant is required, he/she is to pay at a special detail rate of 1 1/2 times their regular pay. Any equipment that is damaged or lost must be repaired or replaced.



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Liability Insurance:

All applicants must complete an indemnification form, which protects the Town of North Attleboro, its citizens in the event of accident or injury while using the Town of North Attleboro Facilities.

For some events and activities, the Department may require the applicant to obtain comprehensive general insurance. Notice of this insurance requirement shall be provided with the notice of facility assignment. When required, insurance coverage must:

- a. Include a minimum limit of \$1,000,000 Combined Limit for bodily injury and property damage.
- b. Name the Town of North Attleboro, its officers, and employees as additional insured against any and all liability arising or resulting from your usage of said premises

The policy must read:
Town of North Attleboro
43 South Washington Street
North Attleboro, MA 02760

- c. Include the name of the facility and the dates of use.

The certificate of insurance for the required policy must be on file with the Park and Recreation Department PRIOR to the use of the facility.

NAME: (please print) _____ ORGANIZATION & POSITION: _____

SIGNATURE: _____ DATE: _____

Visit us on the web for more information about programs, facilities, directions and much more!

www.narecreation.com

Office located at: 446 Elm Street **Phone:** 508-699-0145 **Fax:** 508-695-6289
Mailing address: 43 South Washington Street, North Attleboro, Ma 02760
Hours: Monday – Thursday 8 AM – 4 PM Friday 8 AM - Noon

OFFICE USE ONLY

APPROVED: YES / NO

FEE: _____

AUTHORIZED SIGNATURE _____ DATE _____

COMMENTS:
