RECREATION FIELD & FACILITY REQUEST FORM

DATE: ________________________

1. Name of Agency/Organization____________________________________________________
   Address: ___________________________________________ City _________________________
   Telephone #: _________________________________________
   e-mail address: _______________________________________

2. Facility/Field you are requesting (check first choice (1st), check off second choice (2nd) etc.
   ___ DiBenedetto diamond
   ___ Hedgehog Park
   ___ Morse/Soule diamond
   ___ Morse Multipurpose Field
   ___ Michelle Memorial 90’ diamond
   ___ Michelle Memorial Joe Bergeron diamond
   ___ Michelle Memorial Veterans Field
   ___ Michelle Memorial Tennis Courts
   ___ Michelle Memorial Multipurpose Field
   ___ Palmer Field diamond
   ___ Walmart Multipurpose Field

If you are interested in using one of the school facilities, please contact the SAU office at (603) 893-7040

3. Give exact date(s) requested _______ beginning time _______ ending time _______
   Rain date(s) _________________________ beginning time _______ ending time _______

4. Expected attendance amount _______ Salem residents _______ Non-residents _______
   How many automobiles are expected _______ buses _______ vans _______

5. Program content _______________________________________________________________

6. Is your organization within the Town of Salem, NH? ___ yes ___ no
   type of organization: ___ private ___ non-profit ___ municipal
   ___ educational ___ charitable ___ other

7. Is your organization open to the general public ___ yes ___ no

8. Does your organization require dues? ___ yes ___ no  If yes, amount $ _______

9. Do you plan on charging admission? ___ yes ___ no  If yes, amount $ _______

10. Notes/comments or additional information

11. Does your organization have liability insurance?

Please include a copy of the certificate of insurance detailing coverage and expiration dates to
Town of Salem, NH, attention Recreation Department.

-continued on next page
General Release and Indemnification Agreement

This Agreement dated _____________________ is between ________________________________________ and the Town of Salem, NH (hereinafter referred to as Town). I/We are requesting permission to use the _________________. In consideration of the Town permitting our group to use its facility:

I/We do hereby knowingly and voluntarily remise, release, acquit, and forever discharge and further agree to hold harmless and indemnify the Town, its boards, officers, agents, employees, volunteers, and their successors and assigns, of and from any and all manner of action and actions, cause and causes of action, suits, damages, judgments, executions, claims for personal injuries, property damage and demands whatsoever, in law or in equity which he/she had, now has or which her/her heirs, executors or administrators hereafter can, shall or may have against the Town for any matter relating to use of their facility.

The requesting organization assumes any and all responsibility when using the facility for special use and will see that the facility is cleaned and made presentable before leaving the premises and will immediately report any damage(s) incurred.

No vehicle traffic is permitted on the grass areas of the park grounds. The Town of Salem reserves the right to bill your organization for any unforeseen expenses or damages to our property. There are NO alcohol beverages allowed on School or Town property. No smoking is permitted on school property per NHRSA 126-K:7.

I understand that the Town of Salem, NH reserves the right to remove any signs, banners, tents, etc. that are NOT removed by the specified date on this permit. A fee shall be charged for this.

I have reviewed the Salem Recreation Department’s Facility Request Policy __________ (Initial)
I certify that this organization, if it qualifies with RSA 485, has complied with all parts of this law inclusive of certifying to the New Hampshire Department of Environmental services that all coaches, volunteers, and/or teachers have been background checked ____________________________ (signature)

I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND IT IN FULL.
I UNDERSTAND THAT THE POLICIES ARE STRICTLY ENFORCED.

___________________________________________
Signature of authorized agent

___________________________________________
Telephone number

___________________________________________
Date

___________________________________________
Mailing address

___________________________________________
City/Town

___________________________________________
State/Zip code

SPECIAL NOTES:
________________________________________________________________________________________
________________________________________________________________________________________

Do not fill in below (FOR OFFICE USE ONLY)

Approved _____________________________ Date __________

Denied _____________________________ Date __________

Rental charge _____________________________

Conditions and requirements: No alcoholic beverages or glass containers allowed in area. Clean facility/field and observe the park ordinance. When large crowds are expected, you may have to hire a police officer.

Recreation Department comments: ____________________________________________________________

Facility Request.Facility Request form (2 pages)