

WASHINGTON TOWNSHIP PAVILION RENTAL APPLICATION & LIABILITY RELEASE

I,,inten	ding to be legally bound, hereby, do
release and agree to indemnify and save har	mless the Township of Washington, its
Board of Supervisors, Recreation Adviso	ry Committee, and those acting as
members, employees, and agents of the Tov	vnship of Washington from and against
any and all actions, claims, demands, loss,	damage, liability, costs and expenses,
including, but not limited to, attorney fees, c	ourt costs, and other costs of litigation
of every and any nature whatsoever that I or I	persons attending this scheduled event
may hereafter suffer, incur, or pay, arisii	ng from the use of the Washington
Township/Barto Community Park(s), in Barto	o, Pennsylvania on
,20	(Date of Event)

The Township Park Regulations are available upon request and may also be found on the Township website at www.washtwpberks.org.

I understand that the rental fee is for the pavilion rental only with the maximum number of people that may occupy the pavilion to be 150. There will be an additional fee for any number of people over 150 attending an event. I agree that I will pay for any costs incurred by the Township of Washington for police protection, fire police, or other expenses deemed necessary by the Township in order to control traffic or maintain public order. Upon the request of the Township, I agree to pay a deposit to cover these expenses. I agree to pay any additional fee or for any damages to the premises that result from its use pursuant to this application. The fee schedule is as follows:

Township Residents - Any Township resident may use the Park Pavilion for a \$50.00 non-refundable rental fee; provided, however, that the Township resident pay an additional deposit fee of \$50.00 at the time of executing a Liability Release Form. In the event that the Township resident cleans up the pavilion and does not cause any damage to the pavilion and park during the rental period, the deposit shall be returned to the resident. If there are any damages, or if it is necessary for Township employees to clean up the pavilion after the rental period, the cost to repair the pavilion and/or clean the grounds shall be deducted from the deposit.

Non-Residents -Any non-resident of Washington Township may use the Park Pavilion for a \$100.00 non-refundable fee; provided, however, that non-resident pay an additional deposit fee of \$50.00 at the time of executing a Liability Release Form. In the event that the Township non-resident cleans up the pavilion and does not cause any damage to the pavilion and park during the rental period, the deposit shall be returned to the non-resident. If there are any damages, or if it is necessary for Township employees to clean up the pavilion after the rental period, the cost to repair the pavilion and/or clean the grounds shall be deducted from the deposit.



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I acknowledge that the deposit required by this application to cover the cost of any damages caused by attaching any items to the structure, or tables using nails, screws, staples, tacks, adhesives or any other means, police protection, and fire services, shall be returned to me in the event that there are not any damages to the park or the equipment and facilities contained therein and in the event that police or fire protection is not required. I agree that there shall be no parking on the grass surrounding the pavilion. I agree that any damages or the cost of police or fire protection may be paid from the deposit and in the event that the damages or police or fire protection exceed the amount of the deposit, I will pay the remaining balance within thirty days.

No Alcoholic Beverages Or Controlled Substances Are Permitted On Township Premises, Including All Parks, Preserves, Open Spaces Or Municipal Facilities

In The Event Of An Emergency, Please Call 911.

Any Concerns With The Park Facilities, Please Contact Brian Mohr At 610-721-0696.

EVENT OR NAME:
DATE OF EVENT:
PAVILION: Washington Township Park Barto Community Park
(PLEASE PRINT)
NAME:
ADDRESS:
PHONE:
EXPECTED NUMBER OF PERSONS:
SIGNATURE: (Individual or Representative)
DATE: