USER APPLICATION FORM

TOWN OF EAST HAMPTON
159 Pantigo Road

East Hampton, New York 11937 Office: (631)324-2417 Fax: (631)324-3085

John Rooney Superintendent of Recreation Anthony Littman
Town Maintenance Supervisor

<u>APPLICATION FOR FORT POND HOUSE AT CAROL MORRISON PARK</u> (Pending Town Approval)

		-	Monday	-	Wednesday	Thursday	Friday		
		9-10-11 AM	12 NOON	1-2-3-4-5-6-7	-8-9-10 PM				
	(d)	DAY & TIME REQUESTED (CIRCLE START & END TIMES) *(FOR OFFICE USE ONLY Total fee: \$)							
	(c)	c) DATES REQUESTED:							
	(b)	501-C3? (CIRC	CLE ONE) YES	NO					
2.	NATURE OF USE & PERTINENT INFORMATION (a) WHAT IS THE INTENDED USE OF FORT POND HOUSE?								
	(f)	ADDRESS OF O	ORGANIZATIO	ON:					
	(e)	NAME OF ORC	GANIZATION:						
	(d)	PHONE/FAX/C	ELL #:						
	(c)	ADDRESS OF A	APPLICANT: _						
	(b)	NAME OF APP	PLICANT:		Email:				
1.		TODAY'S DAT							

	(e)	EXPECTED NUMBER OF PERSONS IN ATTENDANCE Please Note: Fort Pond House Max Occupancy 44				
		Groups wishing to use Carol Morrison Park with >4 attendees require a mass gathering permit. Please see link below for further details and to download an application form				
		http://ehamptonny.gov/DocumentsPDF/TownClerk/2015/AssemblyPublicProperty.pdf				
	(f)	CERTIFICATE OF INSURANCE ATTACHED? (must include dates of request, minimum \$2,000,000 liability coverage, and Town of East Hampton listed as "additionally insured")				
		(CIRCLE ONE) YES NO				
	(g)	MUSIC? (CIRCLE ONE) YES NO *IF "YES" PLEASE DESCRIBE				
	(h)	TENT? (CIRCLE ONE) YES NO *IF "YES" PLEASE DESCRIBE and please note a tent permit may be required.				
	(i)	LIGHTING? (CIRCLE ONE) YES NO *IF "YES" PLEASE DESCRIBE				
3.	Group permits are required for all groups. At least one person listed on the permit form shall be present at all times. This person is responsible for the supervision and compliance with all RULES & REGULATIONS .					
4.	Granting of this permit will NOT MEAN EXCLUSIVE use of the grounds of the facility. Any posted rules will be part of this permit . The Recreation Department reserves the right to enforce and adjust the regulation established herein to meet the requirements of special groups.					
5.		Permit holders <u>are not allowed</u> to do any park or house maintenance (such as: landscaping, tree pruning, renovations or changes to the house's appearance or function).				
6.	they rest	The applicant is responsible for keeping and leaving the facility/grounds clean, in the manner in which they were found; picking up the trash and depositing it in the outdoor waste receptacles, sanitizing the restroom and kitchen, properly putting away chairs and tables in the storage room/closet, sweeping the floors, etc. Failure to comply may lead to additional fees.				
incl und	ludin	licant consents and agrees to abide by any and all ordinances of the Town of East Hampton, g but not limited to Chapters 82, 91, 167, 185 & 240 of the Town Code. The applicant further unds that failure to comply with the applicable portions of the Town Code may result in fines and/or s.				
		Date:/				
		(Applicant's Signature)				

7.

^{*}An original form must be submitted; a copy of this form will not be accepted.

^{**}Full Payment is required for the request made. Acceptable payment methods include, Check made out to "Town of East Hampton, Money Order or Cash.

RELEASE OF ALL CLAIMS

AND

AGREEMENT TO INDEMNIFY AND HOLD HARMLESS

DATE:						
In consideration of the permission g	iven by the Town of East Hampton for the use of					
(Name of Town Facility)						
on(Dates)	hereby agrees to indemnify and hold harmless. (Name of Applicant/Organization)					
(Dates)	(Name of Applicant/Organization)					
	gent, employee and official thereof against all liabilities, claims, suits, awards of judgments or indirectly out of the above activity in favor of or which might be claimed by					
(Name of Applicant/Organization)						
condition precedent and an insupera	d agreed that this release of claims and agreement to Indemnify and hold harmless is a ble part of the permission given by the Town of East Hampton and the Town was induced to e of the undersigned to grant this release.					
	Name:(Please Print)					
	Responsible official of organization with authority to sign					
	SIGNATURE(Applicant's Signature)					
FOR OFFICE USE ONLY	CHECKED BY JOHN ROONEY					
APPROVED						
DISAPPROVED						
DATE:/	John Rooney Superintendent of Recreation					
Cc: Town Police Department Anthony Littman, Town	Maintenance Supervisor					

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