

Town of Voluntown

Field Use Form

Date: _____

Name of Group or Organization: _____

Address: _____

Email Address: _____ Non-Profit Tax # _____

Field Requested: _____

Number of Teams & Participants: _____

Days/Weeks Requested: _____

Time Requested: _____

Description of Activity: _____

Groups not covered under Town of Voluntown insurance:

Insurance Co.: _____ Policy # _____

Limits of Liability _____ Agent Name and Phone # _____

(Please attach a copy of Certificate of Insurance naming the Town of Voluntown as an additional insured on the policy)

Donations are accepted to help us maintain our field.

Individual responsible for group or organization:

Name: _____

Address: _____

Work # _____ Home # _____ Emergency # _____

Second individual responsible, if first person cannot be reached:

Name: _____ Work # _____

Address: _____ Home # _____

Signature: _____ Date: _____

GUIDELINES FOR USE

- We agree the facilities will be left in the same good condition they were found in.
- We agree to ensure an adult supervisor will stay until the last child is picked up (if applicable).
- We agree to be financially responsible for any damage arising out of use of the facilities.
- We agree that our organization will at all times hereafter indemnify the above named Town of Voluntown against any loss, damage or expense of any kind, which said town may sustain or incur because of use of the above described facilities by our organization and will further hold said town harmless for loss of any kind of connection therewith.
- We understand all Town of Voluntown sponsored activities have priority of the facilities and will check with said activities for facilities availability.
- All organizations that are using the field will submit a Certificate of Insurance to the Town of Voluntown Recreation Commission.

(Signature) _____ (Date) _____

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Approved _____ Denied _____ Date _____

Fee Required _____ Waived _____

Voluntown Recreation Commission Chairperson _____ Date _____