

**SALEM RECREATION COMMISSION
FACILITIES USE FORM**

Date: _____ Applicants Name: _____

Organization: _____ Address _____

City: _____ State: _____ Zip: _____ Phone: _____

Non-Profit Tax #: _____ Organization President: _____

Contact Person: _____ Phone #: _____

E-Mail: _____

It is requested that _____ be permitted on

(Organization)

_____ (provide separate sheet if necessary) to

(Dates)

Use the _____ between the hours of _____ and _____

(Building)

Approximate number of participants, _____

Describe activity: _____

Groups not covered under Town of Salem insurance:

Insurance Co. _____ Policy # _____

Limits of Liability _____ Agent Name and Phone # _____

{Please attach a copy of certificate of insurance naming the Town of Salem as an additional insured on the policy}

GUIDELINES FOR USE

- We agree the facilities will be left in the same good condition they were found in.
- We agree to ensure 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 Salem 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 Salem sponsored activities have priority of the facilities and will check with said activities for facilities availability.
- ✎ Fees: \$30.00 per use or \$300.00 for season, (not to exceed 12 uses) for any non-sanctioned Recreation Commission Program
- ✎ We agree to pay any use fees if applicable to the Town of Salem.

(Signature) (Date)



Approved _____ Denied _____ Date _____

Fee Required _____ Waived _____

Salem Recreation Commission Chairperson Date