



TOWNSHIP OF SOUTHAMPTON

5 Retreat Road
Southampton, NJ 08088

Phone: 609 859-2736
Fax: 609 388-5532

FP # _____

FACILITY USE AGREEMENT FOR SOUTHAMPTON TOWNSHIP

This Agreement will serve as a confirmation for use of: _____

Date: _____ Time: _____

Name of Organization: _____

Authorized Representative: _____

Address: _____

Phone #: _____

Email: _____

During the usage period, the above organization shall have exclusive right to use the premises.

TOWNSHIP OF SOUTHAMPTON USE ONLY

Approved by: _____ Date: _____

Printed Name: _____

- Received List of Attendees
- Received Insurance Certificate



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INDEMNIFICATION:

The above organization shall indemnify and hold harmless Southampton Township, its officials, employees and volunteers, from and against all claims, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from the use of the building/premises, sustained by any person or persons, provided that any such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of property caused by the tortuous act or negligent act or omission of above organization, its employees, agents, volunteers or subcontractors.

INSURANCE:

The organization must furnish a Certificate of Insurance naming Southampton Township as an Additional Insured on a General Liability Insurance Policy. The insurance policy shall provide a limit of liability equal to or more than \$1,000,000 per occurrence. The insurance must be from a duly licensed insurance company authorized to do business in the State of Missouri. A copy of the additional Insured Endorsement must be attached to this certificate.

The organization will also submit a list of participants that will be attending the event.

TERMS AND CONDITIONS:

The above organization will be financially responsible for any and all damages to the buildings/contents/premises that results from its use of the recreational center, including property damage, structural damage, and personal injury by name of individual/organization/group/ sponsor, its employees, agents, volunteers, guests or subcontractors which occur in the course of use of the premises during the rental period.

The undersigned has carefully read, understand and agree to the terms of this Agreement, and further agrees that no oral representations, statements or inducements have been made.

Signature of Authorized Representative

Date

Printed Name of Authorized Representative