

TOWN OF HAMLIN

APPLICATION FOR USE OF COMMUNITY FACILITIES

Today's Date: _____ Date(s) Requested: _____

Facility Requested: Hamlin Town Hall Gym

INFORMATION ABOUT YOUR GROUP

Name of Organization or Individual: _____

Date and Time gym is requested _____

Supervisor in charge: _____

Mailing Address: _____

Telephone: (Day) _____ (Night) _____

INFORMATION ABOUT YOUR INTENDED USE OF THE TOWN OF HAMLIN FACILITIES

Purpose of Use: _____

Total Participants Expected: _____ Adults: _____ Children: _____

Is material or equipment required from The Town of Hamlin? Yes _____ No _____

If needed, state what types and for what purpose: _____

(Costs to repair/replace equipment/materials damaged during use by this group/individual will be the responsibility of the undersigned.)

RENTAL FEES

Gym use fees are \$10.00 per hour and must be paid to Hamlin Recreation prior to the date you are renting the gym. Dates are not guaranteed until the fee is received. Confirmation will be given to the representative listed below. Equipment/materials must be put away, garbage removed, and floors swept/vacuumed. Non-profit organizations are exempt from the fees.

AGREEMENT

The undersigned is over 21 years of age and has read this form. He/she agrees to pay repair or replacement costs for any equipment/materials that are damaged by this organization/individual or its participants. He/she agrees to pay the rental fees and abide by the clean-up requirement stated above. He/she agrees to be responsible to The Town of Hamlin for the use and care of the facilities. He/she, on behalf of _____

does hereby covenant and agree to defend, indemnify and hold harmless The Town of Hamlin from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of The Town of Hamlin's property, facilities and/or services by _____. **A Certificate of Insurance must be included with this form.**

Signature of Organization's Representative _____

Address: _____ Telephone Number _____

RETURN COMPLETED APPLICATION TO HAMLIN RECREATION AT PO BOX 148, HAMLIN, NY 14464. QUESTIONS? CALL 964-7222