

## SANDYSTON TOWNSHIP

133 Route 645 - Sandyston, NJ 07826 Tel: 973.948.3520 • Fax: 973.948.0783 www.sandystontownship.com

## **Township of Sandyston Facility Use Form**

Individual making request:
Address:
Phone Number:
Organization Name:
Organization Address:
Dates Requested:
Reason For Use:
Do you require use of kitchen:  Explain:
Hours of Use:
(1) Use of the meeting hall and kitchen is restricted to non-profit and charitable groups having insurance. All prospective users must submit request <b>one month</b> or more prior to event and all requests must be subject to the approval of the <b>Township Committee of the Township of Sandyston</b> at a regularly scheduled Township Committee meeting.
(2) Basic use of facility is free. The Township of Sandyston respectfully requests the meeting hall, kitchen and bathrooms be cleaned & mopped prior to end of use. Any Damage will be assessed and charged as per cost incurred (initial)
(3) All users are required to maintain, in addition to any insurance required by law, Comprehensive Liability Insurance, in an amount <b>not less than \$1,000,000 per occurrence</b> .

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- (4) The <u>Township of Sandyston</u>, 133 Route 645, <u>Sandyston</u>, <u>NJ 07826</u>, must be named as additional insured on this policy and a Certificate of Insurance as described must be provided and approved before the facility is used.
- (5) Failure by the <u>Township of Sandyston</u> to enforce the required production of the Certificate will not void users' obligation to provide the insurance as aforesaid.

In addition, by making this application, Applicant agrees, that should this application be granted Applicant will indemnify, hold harmless and defend the **Township of Sandyston** against any and all demands, claims, damages, fees, cost and liabilities of any kind (including but not limited to attorney's fees) to the fullest extent permitted by law. Solely at the discretion of the **Township of Sandyston**, the insurance certificate may be waived and replaced in total with the hold harmless and indemnity agreement included in this paragraph.

All users further acknowledge, understand and agree that:

- 1. The CDC and NJDOH have determined that the PANDEMIC ILLNESSES are highly contagious viruses, diseases and medical conditions.
- 2. Exposure to or infection from these PANDEMIC ILLNESSES may cause serious permanent bodily injury, including respiratory failure, cardiac arrest, and death in healthy persons of all ages.
- 3. These PANDEMIC ILLNESSES are new. The standards and recommendations on how to prevent and protect against the risk of exposure to infection and the spread of these PANDEMIC ILLNESSES continues to change as more data becomes available.
- 4. These PANDEMIC ILLNESSES presently exist and remain prevalent throughout all areas of the State of New Jersey and continue to infect persons and spread throughout all counties and local communities, including the residents of the **Township of Sandyston**.
- 5. These PANDEMIC ILLNESSES have a high probability of spreading to person(s) who are either in direct contact with, or in close proximity to (within about 6 feet or 2 meters) an infected person.
- 6. The CDC and NJDOH believe these PANDEMIC ILLNESSES are most likely to spread from person to person by droplets produced into the air when an infected person coughs, sneezes, talks or otherwise moves air out through their nose and mouth; and from touching/contacting surfaces on which droplets containing the virus exist.
- 7. There are vaccination(s), immunization(s) available or soon to be available for these PANDEMIC ILLNESSES that may or may not prevent Pandemic Illness.
- 8. The CDC and the NJDOH maintain that the best way to prevent and protect against infection and/or spread of these PANDEMIC ILLNESSES is to self-quarantine and to avoid contact with other individuals, large gatherings and spending time in public places and buildings.
- 9. SANDYSTON TOWNSHIP makes its facilities available to Township and non-Township owned or controlled organizations that offer to the public the option of participating in or attending a variety of indoor and outdoor physical, social and educational programs and activities, including competitive and non-competitive sports and sporting events, organized leagues, day camps, games and instructional/training programs and camps ("RECREATION PROGRAM(S)") which are essential to the social, physical, educational and character development and the mental and physical health of the public.
- 10. Attending or participating in any PROGRAM on or at the **Township of Sandyston's** property or facility poses an inherent risk of infection and a heightened risk of injury from and the **Township of Sandyston**: (i) to avoid close contact with other persons, including infected persons; (ii) to disinfect the **Township of Sandyston** facilities, equipment and public property; and (iii) to discover, contact trace, and quarantine infected persons and/or persons exhibiting signs and symptoms of infection of these PANDEMIC ILLNESSES.

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11. Attending and/or participating in any PROGRAM or facility may also increase the risk of exposure t further spreading of these PANDEMIC ILLNESS PARTICIPANTS, and third persons.	o these PANDEMIC ILLNESSES ar	d the
Please check if requesting use of recreation fields:		
*In addition to the hold harmless language above, the To- concussion protocol language involving athletics for those		
The <b>Township of Sandyston</b> shall not be liable for the in inaction of person employed by, or under contract with, a the <b>Township of Sandyston's</b> property, if the youth sport with the following:	youth sports team organization that o	perates on
*Proof of an insurance policy in the amount of not less the insuring the youth sports team organization against liability may be required.		
As used in this section, a "youth sports team organization" pursuant to a nonprofit or similar charter or which are mer with a school, county, or municipal recreation department.		
Please be advised:		
If you are using the meeting hall for a meeting and requelecate, unplug, or plug anything into the audio system	· · · · · · · · · · · · · · · · · · ·	do not
If you are using the meeting hall and the audio system in Municipal Clerk or the Deputy Municipal Clerk only.	must be removed, it will be remove	d by the
Please see the attached checklist for the meeting hall, ke taking the time to follow the checklist and leaving the b		
Signature and Title	Dated	
TOWNSHIP SECTION:		
Approval Date:		
Use of Kitchen: yes no		
Copy to Road Department:		
	Authorized Signature	Date

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