



**PARK FACILITIES PERMIT**  
**NEW BRUNSWICK DIVISION OF RECREATION**  
 411 JOYCE KILMER AVENUE, #9, NEW BRUNSWICK NJ 08901  
 PHONE (732) 745-5125 FAX (732) 745-5092  
 www.nbrec.com

Permit # \_\_\_\_\_

APPLICANT/ORGANIZATION: \_\_\_\_\_ ACTIVITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ PERSON IN CHARGE: \_\_\_\_\_

AGE GROUP \_\_\_\_\_ # OF PEOPLE \_\_\_\_\_ INITIAL ACKNOWLEDGE RECEIPT OF RULES \_\_\_\_\_

<u>PARK REQUESTED:</u>	<u>FIELD/FACILITY:</u>	<u>DATES:</u>	<u>TIMES:</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**NO REFUND POLICY / HOLD HARMLESS AGREEMENT**

There will be **No Refunds**. In consideration of the granting of permission by the City of New Brunswick - Division of Recreation to the applicant for use of the Facilities set forth above, the applicant hereby shall defend, indemnify and save harmless the City of New Brunswick, and the Division of Recreation against all claims arising from conduct of activities for which this application is made. Furthermore the applicant is advised: **Alcoholic Beverages and Open Fires are forbidden in all City Parks!** The applicant has agreed by Ordinance #11-1,2,&3 "PARKS and PLAYGROUNDS".

**CERTIFICATE OF INSURANCE:**

The City of New Brunswick carries insurance covering its legal liability. The City of New Brunswick assumes no liability with respect to bodily injury, property damage, illness or any other damages or losses, or with respect to any claims arising out of any activity of the permit. The City of New Brunswick requires the applicant to produce and continue in force for the term identified on the permit comprehensive general liability insurance with the limits of \$1,000,000 combined single limit. The policy must include contractual liability coverage and name the City of New Brunswick as additionally insured. The applicant shall provide the Division of Recreation with the certificate of insurance no later than 7 days prior to the event. Please mail or fax it to: The New Brunswick Division of Recreation, 411 Joyce Kilmer Avenue, Suite #9, New Brunswick, NJ 08901 or fax (732) 745-5092.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\* NEW BRUNSWICK RECREATION OFFICE USE ONLY \***

CERTIFICATE OF INSURANCE REQUIRED? YES \_\_\_\_\_ NO \_\_\_\_\_ RECEIVED: \_\_\_\_\_

FEE PER HOUR: \$ \_\_\_\_\_ X # OF HOURS \_\_\_\_\_ = TOTAL FEE ASSESSED: \$ \_\_\_\_\_

FEE RECEIVED: \$ \_\_\_\_\_ PAID BY: CHECK \_\_\_\_\_ MONEY ORDER \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

STAFF APPROVAL: \_\_\_\_\_ DATE \_\_\_\_\_