

Plainfield Township Board of Supervisors

6292 Sullivan Trail
Nazareth, Penna. 18064

Phone 610-759-6944

Fax 610-759-1999

2019 FARMER'S GROVE RESERVATION FORM

FEE & DEPOSIT ARE DUE AT TIME OF RESERVATION

(Name)

(Phone)

(Legal Address)

RENTAL DATE(s) & TIME(s) _____

Farmer's Grove Fees are Non-Refundable:

\$30.00 per day for residents of Plainfield Township (proof of residency is required in the form of a valid PA driver's license or state identification card at the time of the application).

\$45.00 for non-residents of Plainfield Township.

A \$25.00 fee is assessed for failure to remove trash from the premises.

*****POLICE INTERVENTION WILL RESULT IN THE REVOCATION OF PERMIT & DEPOSIT*****

Please note that Plainfield Township reserves the right to assess an additional fee for damages that occur outside of the scope of permit fees. Renters agree to be held financially liable for any and all damages or instances of vandalism that occur at the park as a direct result of their usage of the park during the specified rental period. Plainfield Township will pursue all civil/criminal charges and seek restitution as applicable. This provision is applicable to all guests and invitees of the renter and any organization that he or she represents.

Indemnification:

In consideration of the permission by the Plainfield Township to use the pavilion, the undersigned hereby agrees to protect, indemnify, hold harmless and defend the Plainfield Township from and against all damages, claims, demands, and losses to the Plainfield Township arising from or as a result of the acts, omissions, or both, of the undersigned, any organization he or she represents, and of any guest or invitees using municipal facilities in the Plainfield Township pursuant to this permit.

Certificate of Insurance Requirements:

1. An original certificate of insurance certifying below coverage must be mailed or delivered to:

Plainfield Township
6292 Sullivan Trail
Nazareth, PA 18064

2. A copy must be received four (4) business days PRIOR to the reservation date or the reservation may be cancelled.
3. The insurance provided must be written by a reputable insurance carrier maintaining an A.M. Best Rating of at least an "A" and licensed to do business in the Commonwealth of Pennsylvania.
4. A minimum of thirty (30) days' written notice of cancellation or reduction in insurance coverage must be provided to Plainfield Township.

Please ensure the following is included on your Certificate of Insurance:

- Insured: Must list the name of the individual or entity responsible for the rental of the facility
- Contact name(s) *
- Address
- The specific date(s) and location(s) of the event must be clearly stated on the certificate for one-time events.
- The contact name(s) on the insurance certificate and/or on file with the producer of the policy must match the name listed as the contact on the Reservation Form.

*Plainfield Township will accept reservations by organization contact person(s) ONLY. If there is a change in organization name or contact person(s), an updated insurance policy must be submitted to Plainfield Township before any new reservations can be made.

COVERAGE TYPE AND LIMITS REQUIRED

- Commercial General Liability Insurance in the amount of \$1 million (\$1,000,000) each occurrence combined single limit for bodily injury and property damage liabilities and \$2 million (\$2,000,000) in the aggregate.
- Plainfield Township must be named as an "Additional Insured".
- Address to use on policy – Plainfield Township, 6292 Sullivan Trail, Nazareth, PA 18064

Facility Use Guidelines, Rules and Ordinances

Signature below denotes understanding of the attached Guidelines, Rules and Ordinances related to use of the Plainfield Township Community and Municipal Parks. The signee(s) below are authorized to sign on behalf of the organization(s) they are representing.

Authorization:

| | |
|--------------------|---------------|
| (Signature) | (Date) |
| (Signature) | (Date) |

For Plainfield Township Office Use Only

\$_____ Fee Received ___/___/___ \$_____ Deposit Received ___/___/___

Authorized Signature: _____