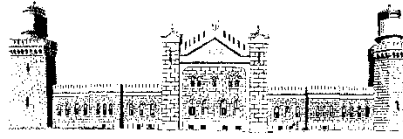


Robert D. Wilson  
Memorial Community Center  
22 Snug Harbor Avenue  
Highlands, NJ 07732



Highlands Recreation Department  
Telephone: 732-872-1224 ext. 232  
Fax: 732-872-0670  
Recreation@highlandsborough.org

DATE: \_\_\_\_\_

TO: ALL GROUPS / ORGANIZATIONS

RE: USE OF FACILITIES

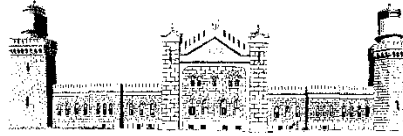
The following information concerns the use of the Recreation Department facility that you have requested. Please read the following and make sure that the **designated person in charge** of the group **and the participants** are aware of these rules. (These are in addition to the items on the Facility Request Form.)

1. **Supervision:** The designated contact person or group leader is in charge of all participants, the activity, and the conduct of the participants.
2. **Registered group is responsible for general clean up, wiping down tables, sweeping of floors, light mopping (if required), recycling of items, and trash removal in designated trash area outside.**
3. The renter of the facility is responsible for all paper goods and utensils.
4. Use of the telephone is for emergencies only.
5. Participants should have transportation arrangements made in advance if possible.
6. Other groups may be using the facility during your use also. Please act accordingly.
7. Please email Recreation@highlandsborough.org to confirm your meeting 48 hours in advance. **(Failure to confirm your meeting could lead to a scheduling problem or conflict in use.)**
8. There shall be no alcohol or illegal substances at any of our facilities.
9. Please report any accidents, injuries or other problems with your use within 24 hours of any such occurrence.
10. Hold Harmless agreement and facility usage form must be on file to rent the facility 48 hours prior to the event/meeting.

**We welcome you and look forward to working with your Group.**

**Thank you!**

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**Recreation Dept. Facility Request Form: # \_\_\_\_\_**

**NAME OF GROUP OR ORGANIZATION:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Other Group Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**DATE(S) Requested:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Purpose of Request:** \_\_\_\_\_ **Approx. # of Participants:** \_\_\_\_\_

**Facility Requested:** a. Main Room      b. Small Meeting Room      c. Park / PG area      d. Beach  
e. Other (Specify): \_\_\_\_\_

**Equipment: Please List:** \_\_\_\_\_

1. **Please call in advance to confirm if date is available for use.**
2. All Groups must register with the Community Center at least 2 weeks prior to requested use.
3. A Certificate of Insurance may be requested prior to official approval if required.
4. Requests may be forwarded to the Highlands Mayor and Council and Administrator for review.
5. Alcohol is not permitted at any of our facilities, unless approved prior by the Mayor and Council.
6. Facility and equipment will be inspected for misuse or damage and the applicant will be held responsible accordingly.
7. Supervision is the responsibility of the applicant or designee in charge of the function.
8. Facility and / or rooms shall be cleaned up and rearranged in the manner prior to use.
9. At the Community Center, the Telephone is to be used for emergency purposes only.
10. **Please contact the Community Center to confirm your usage at least 48 hours in advance.**  
**Failure to confirm your usage may result in non-admittance or use of facilities.**
11. Any accidents or injuries are to be reported to the Rec. Dept. Office within 24 hours.
12. Failure to adhere to any of the above may warrant future non-use.

**An annual REGISTRATION FEE is to be paid and handed in with this Facility Request Form. The fee is \$35 for a Highlands based Group and \$50 for a Non-Resident Group. Please make checks payable to the Borough of Highlands and return form and payment to the Highlands Recreation Department at 22 Snug Harbor Avenue, Highlands, NJ 07732.**

I understand the above rules for use of the facility being requested. I agree to assume the responsibility pertaining to this request and will abide by all of these rules as well as supervise the conduct of any and all visitors who are present at the facility for the above function. I further agree that the above organization, individual, group or its' members or guests will not hold the Borough of Highlands, NJ liable in connection with any injuries or damages sustained while using this facility or equipment provided for use.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

**Center Use:**    Approved      Denied      Forward for Review      Int. \_\_\_\_\_      Date: \_\_\_\_\_  
\_\_\_\_\_ Paid    Amount: \$ \_\_\_\_\_      \_\_\_\_\_ Check # \_\_\_\_\_      \_\_\_\_\_ Cash      Receipt #: \_\_\_\_\_

**Notes / Comments:** \_\_\_\_\_

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## HOLD HARMLESS AGREEMENT

Between the Borough of Highlands, and \_\_\_\_\_ (Contractor)

### WITNESSETH:

1. \_\_\_\_\_ (Contractor) agrees to release, defend, indemnify and hold harmless the Borough of Highlands from and against any and all actual or alleged claims, demands, causes of action, suits, proceedings, liability, loss, damage and/or injury, arising out of or incident to any act, omission, negligence or willful misconduct of the Contractor and their respective employees, agents, volunteers, or other representatives. This applies to and includes, without limitation, the payment of all penalties, fines, judgments, awards, decrees, and attorneys' fees.

### Insurance Requirements:

Certificates of insurance evidencing the required policies as well as naming the Borough of Highlands as an additional insured, are to be provided prior to the work to be performed and reviewed/approved by the Borough Administrator; including the following coverages:

- a. Commercial General Liability Insurance Coverage with limits of no less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate.
- b. Workers' Compensation coverage providing coverage for statutory benefits and employers liability coverage with limits of not less than \$1,000,000/\$1,000,000/\$1,000,000.

### Applicable Law:

This Agreement shall be governed by the laws of the State of New Jersey.

**SIGNED:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_

**Date:** \_\_\_\_\_