

## APPLICATION FOR USE OF BASEBALL FIELD

NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

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

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

FIELD: DODSON BALLFIELD \_\_\_\_\_  
STANLEY AVE. SOFTBALL \_\_\_\_\_

FEE: \_\_\_\_\_

### NO ALCOHOLIC BEVERAGES PERMITTED

PLEASE BE SURE THE ATTACHED "RELEASE & WAIVER OF LIABILITY" IS FULLY COMPLETED AND A CERTIFICATE OF INSURANCE MUST BE SUBMITTED WITH " THE BOROUGH OF FOUNTAIN HILL" ADDED AS AN ADDITIONAL INSURED. PLEASE RETURN ALL COMPLETED FORMS TO:

BOROUGH OF FOUNTAIN HILL  
ATTN: ANTHONY BRANCO  
941 LONG STREET  
FOUNTAIN HILL, PA 18015

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FOR OFFICIAL USE ONLY:

APPROVED BY: \_\_\_\_\_

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

**RELEASE AND WAIVER OF LAIBILITY  
AND EXPRESS ASSUMPTION OF THE RISK**

In consideration of being permitted to use the Baseball Field as set forth in the Attached Application, referred as the Event, the undersigned, owners of \_\_\_\_\_ (hereinafter referred to as "RELEASER"), hereby releases, waives, discharges and covenants not to sue, the Borough of Fountain Hill, 941 Long Street, Fountain Hill, PA, 18015, its officers, employees, and agents (collectively referred to as the "Borough") from all liability to RELEASER or its members for any loss or damage, and for any claims on account of personal injuries or property damage, caused by the negligence of RELEASER while RELEASER or its members are in attendance at the aforesaid event.

RELEASER hereby agrees to indemnify and save and hold harmless the Borough and each of them from any loss, liability, damage, costs or reasonable attorney fees that may be incurred due to the event; and

RELEASER hereby assumes full responsibility for any risk of bodily injury, death or property damage due to the negligence of RELEASER during the event; and RELEASER warrants and represents that it carries Liability insurance in the amount of \$ \_\_\_\_\_ with the \_\_\_\_\_ for any personal injuries and/or property damage that may arise at the event. A certificate of insurance is attached to this Release.

\_\_\_\_\_  
**Print Name(s) Of Organization**

**By:**

\_\_\_\_\_  
**Name (Signature)**

\_\_\_\_\_  
**Print Name & Title**

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