



**Harmony Township**  
**908-213-1600**  
**3003 Belvidere Road**  
**Phillipsburg, NJ 08865**  
[www.harmonytwp-nj.gov](http://www.harmonytwp-nj.gov)

### REQUEST FOR USE OF FIELDS

All persons or organizations wishing to reserve the athletic fields must furnish the following applicable information. A letter or email will be sent indicating approval or disapproval and cost associated with the use. \*HTAA will receive priority use of all fields\*

Name/Person Responsible: \_\_\_\_\_

Name of Organization/Group : \_\_\_\_\_(if applicable)

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

Phone # : \_\_\_\_\_ Email : \_\_\_\_\_

Restrooms: Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate if organization consists of Township Residents (over 50%) or Non-Township Residents.

Township Residents: \_\_\_\_\_% Number of Teams: \_\_\_\_\_

Non-Township Residents: \_\_\_\_\_% Number of Teams: \_\_\_\_\_

Ages of Participants: \_\_\_\_\_

### FIELD TO BE USED

Specify Which Field: \_\_\_\_\_

Date(s) Required: \_\_\_\_\_

Time Frames: \_\_\_\_\_

Purpose of Use: \_\_\_\_\_

Attendance Expected: \_\_\_\_\_

Requesting Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Approved by:

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AS PERSON RESPONSIBLE I CERTIFY THAT ALL PARTICIPANTS/ATTENDEES WILL ALSO  
COMPLETE THE ATTACHED COVID-19 RELEASE FORM

**Agreement/Hold Harmless Clause**

“I \_\_\_\_\_, by signing this request, hereby agree, contract and  
(print name)

Covenant to fully save, indemnify and hold harmless the Township of Harmony from any and all claims, liabilities, judgements, verdicts or other expenses caused by the use of the Pavilion and surrounding facilities as requested in this written request including reasonable defense costs and attorney’s fees in the event of a legal claim or lawsuit being asserted against the Township as a result of such permitted use”.

I have read the foregoing Hold Harmless Clause and agree to its’ terms and conditions on behalf of the applicant.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I agree, on behalf of the indicated organization or group, that all members and guests will observe the regulations and that we, individually and as an organization or group, will assume full financial responsibility for any and all damages to property during the indicated period of use.

\_\_\_\_\_  
Requesting Party Signature

\_\_\_\_\_  
Date of Request

Harmony Township, Warren County  
3003 Belvidere Road, Phillipsburg, NJ 08865  
908-213-1600 ext.11

**Recreation Site FIELD Rules and Regulations**

Please contact the 908-213-1600 X11 to confirm your reservation and for any questions or concerns 3 days prior to your days' event.

**FEES: IF APPLICABLE**

**RULES GOVERNING USE OF FIELD:**

1. NO Alcohol
2. NO Littering (use garbage cans)
3. Activity is restricted to that area for which permission has been granted.
4. Restrooms will be locked and alarmed at 7pm.
5. All vehicles must be parked in parking lot; not in the grass
6. Skateboard/Bicycle use is allowed on parking lot only; all other areas are prohibited
7. Do not hang on the basketball rims
8. No cooking on Pavilion Floor; Gas grills are allowed on grass area
8. Do not use staples, etc to hang anything on the Pavilion, use a strong tape or such and please remove when event is over
9. Do not dump ice or charcoal ashes in grass, you may throw them in fence row
10. Clean up your cigarette butts, the grass is not an ashtray
11. All garbage/litter must be placed in containers provided or put in dumpster next to building.
12. Please make sure bathrooms are left in satisfactory condition
13. If tables are moved, please put back to original place before leaving Site

As host/leader, I agree to be responsible and certify that all participants/attendees will complete the attached COVID-10 release form.

**CERTIFICATE OF LIABILITY INSURANCE INDICATING HARMONY TOWNSHIP AS CERTIFICATE HOLDER MUST BE PROVIDED PRIOR TO ANY GAMES/PRACTICES PLAYED.**

I agree, on behalf of the indicated organization, that all members and guests will observe the regulations and that we, individually and as an organization, will assume full financial responsibility for any and all damages to property during the indicated period of use. We also agree that our organization will, at all times hereafter indemnify the Municipal Clerks office against any loss, damage, or expense of any kind, which said Office may sustain or incur because of use of the above discussed facilities by our organization and we will further hold said Office harmless for loss of any kind in connection herewith.

Requesting Party Signature: \_\_\_\_\_

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

**FOR DAY OF EVENT ONLY:** IF YOU NEED ASSISTANCE DURING YOUR SCHEDULED TIME PLEASE CONTACT COURTNEY MORROW AT 908-235-8745. OTHERWISE, USE PHONE NUMBER LISTED AT THE TOP OF THIS PAGE.

## COVID-19 RELEASE FOR USE OF FACILITIES AND RECREATION EVENTS

The novel coronavirus, COVID-19, had been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person to person contact. It is believed that an individual can be infected with COVID-19 without their knowledge and be asymptomatic. Harmony Township had put in place preventative measures to reduce the spread of COVID-19. However, Harmony Township cannot guarantee that I/We or anyone else will not become infected with COVID-19, including my spouse, guests, unborn child or relatives. Participation in a Harmony Township sponsored athletic sports program(s), related activity, event or using Harmony Township facilities could increase the risk of contracting COVID-19.

By signing this release, I/We acknowledge the contagious risk of contracting COVID-19. By signing this release I/We acknowledge the contagious nature of COVID-19 and VOLUNTARILY assume risk that I/We may be exposed to or infected by COVID-19 by participating in a Harmony Township athletic sports program(s), related activity, event or by the use of Harmony Township facilities and that such exposure or infection may result in personal injury, illness, permanent disability, and death to myself or others, including but not limited to, voluntarily accept and assume all the foregoing risks related to COVID-19 and accept sole responsibility for any injury or illness that may occur.

Further I/We understand and agree that this release includes any claims based on the actions, omissions, or negligence of Harmony Township, its employees, agents, officers, volunteers and assign, whether COVID-19 infection occurs before, during, or after participation in any Harmony Township athletic sports program(s), related event, activity or by the use of facilities.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip