

Polices and Procedures for use of Borough Parks:

- Certificate of Insurance required, naming the Borough of Westwood as additional insured and listing the Borough of Westwood, 101 Washington Ave, Westwood N.J as the certificate holder. The policy must have the following limits: \$1,000,000.00 for General Liability and \$1,000,000.00 for Each Occurrence.
- Applicant is required to complete Hold Harmless Agreement and provide a copy of their driver's license.
- Fees for use of Borough Parks: (payable to Westwood Recreation Department)
- A Resident Organization (team) must consist of at least 75% Westwood residents. Team rosters required.

Resident organization

Veterans Park Usage Fee - \$250.00
Veterans Park clean up deposit - \$250
Ball Field -Youth - no charge
Ball Field –Youth w/lights - no charge
Ball Field – Adult -\$40.00 per 2 hours
Ball Field – Adult w/lights - \$60.00 per 2 hrs
60x90 Field – Adult w/lights - \$70.00 per 2 hrs
60x90 Field – Adult w/lights - \$105.00 per 3 hrs
Multi Purpose Field – Adult - \$50.00 per 2 hrs
MP Field – Adult w/lights - \$100.00 per 2 hrs
Park Permit up to 50 people – no charge
Park Permit 50 or more –TBD by Director
Westvale Park Picnic Permit (under50) \$25.00
Westvale Park Picnic Permit (over 50) TBD
Clean up deposit - \$100.00

Non-Resident organization

Veterans Park Usage Fee - \$250.00
Veterans Park clean up deposit - \$250
Ball Field - Youth: \$35.00 per 2 hours
Ball Field – Youth w/lights: \$70.00 per 2 hours
Ball Field – Adult: \$50.00 per 2 hours
Ball Field – Adult w/lights: \$70.00 per 2 hours
60x90 Field – Adult w/lights: \$100.00 per 2 hours
60x90 Field – Adult w/lights: \$150.00 per 3 hours
Multi Purpose Field – Adult - \$75.00 per 2 hrs
MP Field – Adult w/lights - \$125.00 per 2 hrs
Park Permit up to 50 people – \$25.00
Park Permit 50 or more –TBD by Director
Westvale Park Picnic Permit (under50) \$50.00
Westvale Park Picnic Permit (over 50) TBD
Clean up deposit - \$100.00

- Permits are subject to cancellation if the approved event is pre-empted by a Borough / Recreation Department event.
- Applicant is responsible to maintain field conditions to the best of their ability. Removal of water from any playing area is not permitted. Applicant will be held financially responsible for any damages done to any equipment or to any park facility.
- Applicant is responsible for the clean up of all player's bench areas at the conclusion of a game. All bottles and cans must be placed in recycling containers
- Alcoholic beverages are not permitted at a Borough park unless approved by the Governing Body. If desired, a separate application for Alcoholic Beverage Consumption must be filled out.
- Smoking is not permitted at any Borough park facility.
- In case of inclement weather or poor field conditions, the Recreation Department reserves the right to suspend activity on any park facility.
- Applicant is responsible for the conduct of its team/organization as well as the spectators.
- Applicant must have an approved copy of a Permit in their possession during usage of the fields.
- Any request for Veterans Park must have the approval of the Governing Body.
- The Recreation Director reserves the right to void / suspend use by any organization that does not comply with these requirements.

**BOROUGH OF WESTWOOD
HOLD HARMLESS AGREEMENT**

BETWEEN THE BOROUGH OF WESTWOOD AND _____
(Organization or Group)

WITNESSETH: 1. In consideration of permission to use the Borough of Westwood facility described below on (give all dates) _____

_____ in the year 20__ and/or 20__. The applicant does hereby covenant and agree to save and hold the Borough of Westwood, its agents, servants, and employees harmless from any and all liabilities or costs arising out of the use of the described premises by the applicant, the applicant's invitees, or other persons.

2. Applicant has furnished the Certificate of Insurance naming the Borough of Westwood as an additional insured. This document to be as an additional inducement to the permission for use of premises. A true copy to be attached to the application. Fax copies not acceptable. Subject to review by Borough Administrator.

3. The facility will be used for the following purpose and no other:

4. Number of persons expected to attend

5. Alcoholic beverages will ____ / will not ____ be served at the event.

6. The applicant is a: ____ Non-profit corporation
 ____ Non-profit association
 ____ A For-Profit organization
 ____ An individual (Park Facility Applications only)

If applicant is an association or corporation the undersigned certifies that the executing of the Hold Harmless Agreement has been duly authorized.

7. The applicant acknowledges that the permission to utilize the facilities is limited to the portion of the premises herein described and the permission to use the facility is valid only for the activity herein described. Notwithstanding the foregoing, however, this Hold Harmless Agreement shall be applicable to any claim asserted against the Municipality or any loss incurred arising out of the applicant's activity whether or not same extends beyond the permitted type or locale of activity or occurs on a different date than specified.

8. The applicant specifically agrees that this Indemnification and Hold Harmless Agreement shall include the responsibility to provide legal defense for the Borough of Westwood for any suit arising out of the applicant's use of the premises, and that should the applicant or the applicant's insurance carrier fail or refuse to provide such a defense, the applicant will reimburse the Borough for any costs incurred by it for any person or organization acting on its behalf.

9. The undersigned is authorized to execute this Hold Harmless Agreement as the binding act of the applicant.

10. A copy of applicants Drivers License is required.

APPLICANT PORTION BELOW:

SIGNED _____

POSITION _____

ORGANIZATION _____

ADDRESS _____

DATE _____

ACORD™ CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY)
01/05/2010

PRODUCER FAX
Your Insurance Carrier
Street Address
City, State, ZIP TEL.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED NAME OF ORGANIZATION/INDIVIDUAL
STREET ADDRESS
CITY, STATE, ZIP
CONTACT NAME

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: NAME OF INSURANCE COMPANY	
INSURER B: NAME OF INSURANCE COMPANY	
INSURER C: NAME OF INSURANCE COMPANY	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	POLICY NUMBER	POLICY DATES	POLICY DATES	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	SHOW AUTO INFORMATION (IF ANY)			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	POLICY NUMBER	POLICY DATES	POLICY DATES	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	SHOW W.C. INFORMATION (IF ANY)			WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER	SHOW ANY OTHER POLICY IE: ACCIDENT (IF ANY)			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

WITH RESPECT TO USE OF PREMISES FOR (EVENT) ON (DATE/S), BOROUGH OF WESTWOOD IS NAMED AS AN ADDITIONAL INSURED.

CERTIFICATE HOLDER

BOROUGH OF WESTWOOD
101 WASHINGTON AVE
WESTWOOD, NJ 07675

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
REPRESENTATIVE'S NAME AND SIGNATURE