

DEPARTMENT OF RECREATION AND CULTURAL AFFAIRS

THE CITY of EAST ORANGE

1 FELLOWSHIP CIRCLE EAST ORANGE, NEW JERSEY 07017 WWW.EASTORANGE-NJ.GOV

Hea of Dark Application

PHONE: 973-414-4141

FAX: 973-676-4733

J. JAMAL PEARSON DIRECTOR TED R. GREEN MAYOR

Name of Organiz	zation:	
Type of Organizat	tion 🗆 Profit 🗆 N	Non-Profit
Address:	State	City
Contact Name1:		Ph #
Cell:	Work:	Email:
Contact Name:		Ph #
Cell:	Work:	Email:
Park or Facility	Requested:	
Date(s) of Activ	rity	
Pool (July-August)		
(Use reverse side for using the facility on	the day(s) that the cit	ease indicate day(s) of week and if you will be by will be closed.
(Use reverse side for using the facility on Type of Activity Pla	the day(s) that the cit	y will be closed.
(Use reverse side for using the facility on Type of Activity Plant Attendance Expect	the day(s) that the cit	y will be closed.
(Use reverse side for using the facility on Type of Activity Plantendance Expect Access to Park or I	the day(s) that the cit annedted	y will be closed.





DEPARTMENT OF RECREATION AND CULTURAL AFFAIRS

THE CITY of EAST ORANGE

1 FELLOWSHIP CIRCLE EAST ORANGE, NEW JERSEY 07017 WWW.EASTORANGE-NJ.GOV

PHONE: FAX: 973-414-4141 973-676-4733

J. JAMAL PEARSON DIRECTOR TED R. GREEN MAYOR

Date Submitted:	Use (of Park A	Application	
I, the undersigned, have read to the use of public recreation RECREATION & CULTURAL many instances special permit a permit, you may contact our PARK. I understand that the might endanger the health, Recreation Activities superse department policy. You are re-	n facilities. NOTE: PERI AFFAIRS DEPARTM ssion or permits are nee office at 973-414-4141. City will not be held liab welfare and safety of it de any permit approval	MIT IS FOR NOI ENT. If any unu ded. If you do no NO SALES OF a ble or enjoined in s citizens if abo . Permit maybe	RMAL USE OF THE PARK sual programs are to take at know whether your activity ANY TYPE ARE AL-LOWED an any liable suit against the ave special permits are second revoked for not comply-	of the place, in requires of IN the City that sured. All
X	ignature		Date	
Will the East Orange Police be required	d? □ Yes □ No Will	Park Maintenance be	required?	
Approved Permit Issued	Permit Denie	d		
	City of Ea	st Orange		
	Department of Recreat			
The Do	epartment of Recreation & Cult	ural Affairs Hereby C	rants the use of	
	to			
For	on	from	to	
The un That this Permit shall be presented nance personnel, the park so This decision shall be final. The participating in the above ev	upervisor or designate e obtainee of this Pern	ge. Play-ability field d City of East O nit is responsibl	ds shall be determined by the mange representative in aut	hority.
	ent, including spectate	лъ. 		
Signature	Supervisor of I	Event	Date	
Ph # Home:	Cell:	Wo	ork:	
	***FOR ADMINISTRA	ATION USE ONLY*	**	
Approved	Title	:	Date:	





DEPARTMENT OF RECREATION AND CULTURAL AFFAIRS

THE CITY of EAST ORANGE

1 FELLOWSHIP CIRCLE EAST ORANGE, NEW JERSEY 07017 WWW.EASTORANGE-NJ.GOV

PHONE: 973-414-4141

FAX: 973-676-4733

J. JAMAL PEARSON DIRECTOR TED R. GREEN MAYOR

Additional Date(s) of Activities						



HOLD HARMLESS AGREEMENT

- 1. The applicant agrees and understands that the **City of East Orange** carries insurance covering its legal liability. **City of East Orange** assumes no liability of the Applicant or of the participants or invitees of the applicant. The applicant further agrees that **City of East Orange** assumes no responsibility for damages and or theft of property that may arise out of permitted use of its facility.
- 2. The applicant agrees to indemnify **City of East Orange** and save it harmless from and against any and all claims, actions, damages, liability and expense which includes but not limited attorney fees in connection with loss of life, personal injury and / or damage to property arising from or out the occupancy or use by the applicant of **City of East Orange** facility occasioned wholly or in part by any act of omission applicant, its agents, contractors, subcontractors, employees, representatives or invitees.

NAME:		
TITLE:		
ORGANIZATION:		
FOR PERIOD OF:	(date(s) of event)	
	AUTHORIZED SIGNATURE	
	DATE	