

BOROUGH OF MIDDLETOWN SHELTER RESERVATION FORM

HOFFER PARK

(Available 10am - Dusk)

FACILITY REQUESTED:	Main Pavilion Seating Limit 75		Shelter 2 Seating Limit 24
	Shelter 1 Seating Limit 48		Shelter 3 Seating Limit 48
The Applicant completing thi	s form becomes the Au	thorized Representati	ve of the requested event.
Date Requested:		_ Time Duration: _	To
Applicant Name:			
Applicant Home Address:			
City:		State:	Zip Code:
Applicant Govt Photo ID: туре	::	Number:	
Issu	e Date:	Expiration Date	:
Applicant Phone:	Ema	ail:	
Organization (If Applicable):			
Total Attending:	Inte	ended Event Use: (A	ttach Itinerary If Needed):

PLEASE READ AND CHECK EACH BOX AGREEING WITH THE FOLLOWING:

NOTE: In accepting this permit, the Applicant will be in attendance and ensure compliance by the

group. Failure to follow rules or directions from Borough personnel could result in the forfeiture of the permit and possible denial of future permits. ☐ No dogs or animals are allowed on the park premises. ☐ I fully understand that Park Regulations prohibit the use of alcoholic beverages. As the authorized representative of my organization in making this reservation, I certify that no one coming into the park under this reservation will either bring an alcoholic beverage into the park or consume an alcoholic beverage while in the park. ☐ The park area shall be maintained in a clean manner and promptly returned to a condition that is free of all trash and debris following the conclusion of the event. ☐ The authorized representative to operate the requested event shall control the crowd and noise, including but not limited to, the conduct of patrons, or any other disturbances prohibited by Chapter 185, Noise, Article I, Noise Disturbances, of the Code of the Borough of Middletown. ☐ I have read the attached Rules and Regulations of the Borough of Middletown for recreational facilities and fully understand and agree that my organization will comply with these Rules and Regulations. Additionally, I understand a key deposit may be required when using the Main Pavilion. Failure to return keys within 24 hours of use of the pavilion will result in that deposit being forfeited. Waiver of Claims and Indemnification Agreement As consideration for the permission granted me to utilize the Borough owned facilities identified above, I fully and forever release and forever discharge the Borough, any Borough-related group or entity, and their respective elected officials, members, officers, and employees, insurers, attorneys, and all persons acting by, through, under or in concert with them or any of them (hereinafter individually and collectively referred to as "Released Parties"), from any and all liability or claims of any nature whatsoever, known or unknown, suspected, fixed or contingent, including, without limitation, liability from the negligence of the Released Parties, that I may have in the future, in connection with, or resulting from, my use of such facilities or on any property owned, leased, controlled or operated by any of the Released Parties. Furthermore, I agree to defend and indemnify the Released Entities from and against all claims, losses, costs, and damages whatsoever, including but not limited to attorneys' fees and costs, arising out of or attributed to, in whole or in part, the use of the facilities/property identified above. I agree to indemnify the Borough against such claims, whether based upon contract, tort, or any other legal theory, or any applicable state or federal statute. This indemnification agreement is binding upon me to the fullest extent permitted by law, regardless of whether any of the Released Entities indemnified hereunder are responsible in whole or in part for the claims, damages, losses, or expenses for which the Agency is obligated to provide indemnification and defense. Signature **Print Name** Date

SUBMIT TO:

Borough of Middletown 60 W. Emaus Street Middletown, PA 17057

OFFICE	OFFICIAL USE ONLY				
RESERVATION:					
Confirmed Denie	ed Date: Signature				
Resident Fee:	Non-Resident Fee:				
XEY DEPOSIT AMOUNT: 1	DATE PAID:				
☐ Satisfactory conditions received by Public Works☐ Unsatisfactory conditions received by Public Wo					
DATE KEY RETURNED: D	DATE DEPOSIT REFUNDED:				
NOTES:					

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