

TOWN OF ATKINSON Recreation Department

Mailing address: Atkinson Town Hall 19 Academy Avenue Atkinson, NH 03811

Office: Atkinson Community Center 4 Main Street Atkinson NH 03811

603 362-1098 / commrec@atkinson-nh.gov

PERMIT for RECREATION FIELD/FACILITY RESERVATION REQUEST FORM JUNE 2023

Date: _____

1. Renter's Information:

Renter's Name: _____

Address: _____ street _____ town _____ state _____ zip _____

Best phone number to reach: _____

E-mail address: _____

Name of Agency / Organization: _____

2. Is your organization within the Town of Atkinson NH? Yes _____ No _____

3. Type of organization (please choose):

___ Town of Atkinson Departments / Committees

___ Timberlane School District / PTA / Boosters

___ Atkinson Non-Profit

___ Atkinson Private (if / when the field is available)

___ Atkinson Business/ For Profit

___ Non-Resident Non-Profit

___ Non-Resident Private (if / when the field is available)

4. Facility / field you are requesting

• **Woodlock Park (please choose all apply):**

___ BASEBALL FIELD 1

___ BASEBALL FIELD 2

___ BASEBALL FIELD 3

___ BASEBALL FIELD 4

___ BASKETBALL COURT

___ SOCCER 1

___ SOCCER 2

___ PICKLEBALL COURT 1

___ PICKLEBALL COURT 2

___ TENNIS COURT (2 lined pickleball courts)

___ PAVILION

Day(s) of week requested (please choose all apply):

___ Monday

___ Tuesday

___ Wednesday

___ Thursday

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___ Friday

___ Saturday

___ Sunday

Date(s): Beginning date _____ Ending date _____

Time(s): Beginning time _____ Ending time _____

Note: _____

• **Collins Park (please choose all apply):**

___ LACROSSE FIELD

___ MULTI-PURPOSE

Day(s) of week requested (please choose all apply):

___ Monday

___ Tuesday

___ Wednesday

___ Thursday

___ Friday

___ Saturday

___ Sunday

Date(s): Beginning date _____ Ending date _____

Time(s): Beginning time _____ Ending time _____

Note: _____

5. Purpose of usage/program content: _____

6. Total expected attendance number _____ Atkinson residents _____ Non-residents _____

7. FEES / AMOUNT DUE: \$ _____ Please see the list of fees on page 3.

Upon registration, the rental fee, and a copy of certificate of insurance (See CERTIFICATE OF INSURANCE below) are required along with this application form. Please make your check payable to the "Town of Atkinson".

Credit Card (VISA/ MC/ DIS) / Check / Money order # _____ Exp. Date ____/____

For groups who use for the season, please provide the list of participants / athletes who participate in the program, broken down by number of athletes per town. The facility usage permit fee of **\$200** per season will be charged if your organization is NOT made up of more than 65% Atkinson residents.

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| | Atkinson Town / Non-Profit organization / Timberlane School District | Atkinson / Private- If / When available | Non- Resident / Non-Profit organization | Non-Resident / private – If /when available | Business for Profit |
|--------------------------------------|--|--|---|---|------------------------|
| Up to 6 hours | \$ 0 | \$30 | \$50 | \$50 | \$50 / 20% profit |
| 6 to 12 hours | \$ 0 | \$50 | \$75 | \$75 | \$50 / 20% profit |
| Season / Session | \$ 0 | N/A | \$200 | N/A | 20% profit |
| Insurance | Yes | N/A | Yes | N/A | Yes |
| Refundable Security Deposit \$200 | No | Yes | No | Yes | Yes |

8. Is your organization open to the general public? Yes _____ No _____

9. Do you plan on charging admission? Yes _____ No _____ if yes, amount \$ _____

10. Notes/comments or additional information: _____

11. Certificate of Insurance:

The Town of Atkinson reserves the right to require liability insurance for any event held at the Recreation Facility. A certificate of liability insurance, when required, must be obtained in the amount of \$1,000,000 for each occurrence, with the Town of Atkinson (19 Academy Avenue Atkinson NH 03811) named as an additional insured and must not exclude liquor liability. For events at which alcohol is present a Waiver of Liability must also be provided.

The certificate of liability insurance can be obtained from your own insurance company, or you can contact any vender to request/obtain coverage for a "one day Special Event Liability policy."

Does your organization have liability insurance? Yes _____ No _____ If yes, please attach cert.

12. General Release and Indemnification Agreement

I (We) do hereby knowingly and voluntarily remise, release, acquit, and forever discharge and further agree to hold harmless and indemnify the town, its boards, officers, agents, employees, volunteers, and their successors and assigns, of and from any and all manner of action and actions, cause and causes of action, suits, damages, judgments, executions, claims for personal injuries, property damage and demands whatsoever, in law or in equity which he/she had, now has or which his/her heirs, executors or administrators, hereafter can, shall or may have against the Town of Atkinson for any matter relating to use of their facility.

The requesting organization assumes any and all responsibility when using the facility for special use and will see that the facility is cleaned and made presentable before leaving the premises and will immediately report any damage(s) incurred.

The Atkinson Recreation welcomes yearly financial/labor contributions toward facility fundraising/improvements by non-profit organizations and schools. They must provide action management plans outlining proposed maintenance improvement activities and listed contractors with

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appropriate insurance coverage. These need to be submitted to the Recreation Director for review and approval.

No vehicle traffic is permitted on the grass areas of the park grounds. The Town of Atkinson reserves the right to bill your organization for any unforeseen expenses or damages to our property. There are NO alcohol beverages allowed on town property. When large crowds are expected, you may have to hire a police officer at your expense.

I understand that the Town of Atkinson, NH reserves the right to remove any signs, banners, tents, etc. that are NOT removed by the specified date on this permit. A fee shall be charged for this.

Initial: _____ I have reviewed the Atkinson Recreation Department's Facility Request policy. I certify that this organization, if it qualified with RSA 485, has complied with all parts of this law inclusive of certifying to the New Hampshire Department of Environmental Services that all coaches, volunteers, and /or teachers have been background checked.

APPLICANT NAME (PRINT) _____

APPLICANT SINGATURE _____ DATE: ____/____/____

Do not fill in below. For Office Use Only

Date Received: ____/____/____

Liability insurance Yes ____ No ____ Date Received: ____/____/____

Fees: \$_____ Check/ CC #: _____ Exp. Date ____/____

Other charges and comments: _____

Approved by Atkinson Recreation Director: _____ Date: ____/____/____

Approved by Atkinson Recreation Commission: _____ Date: ____/____/____

Atkinson Recreation Applicant Notified? Yes ____ No ____ Date: _____