

TOWN OF WEST HARTFORD  
DEPARTMENT OF HUMAN & LEISURE SERVICES

**LONG TERM FIELD REQUEST**

LEAGUE NAME: \_\_\_\_\_

LEAGUE MANAGER: \_\_\_\_\_

STREET: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

-

PHONE: \_\_\_\_\_ Ext. \_\_\_\_\_  
Home Business

E-MAIL: \_\_\_\_\_

NUMBER OF TEAMS IN YOUR LEAGUE: \_\_\_\_\_

SEASON STARTING DATE: \_\_\_\_\_ SEASON ENDING DATE: \_\_\_\_\_

DAYS REQUESTED: \_\_\_\_\_ TIME: \_\_\_\_\_

WHAT TYPE OF FIELD DO YOU NEED? \_\_\_\_\_

NUMBER OF FIELDS REQUESTED PER WEEK: \_\_\_\_\_

FIELD PREFERENCES: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:**

- No field will be granted without completed rosters for all teams in your league.
- No field will be assigned prior to April 15.
- All baseball and softball must end prior to August 18.
- No fields assigned after November 30.
- Accompany this request with a set of your league's rules and regulations.
- General Liability and Player Accident Insurance coverage may be required.

I have read and understand the Field Use Policies and agree to abide by the rules and regulation contained in these policies.

\_\_\_\_\_

Signature

THS\Word\lona:Forms\long term field request form

Date



**WEST HARTFORD HUMAN & LEISURE SERVICES  
RELEASE FORM FOR ATHLETIC FIELD OR GYMNASIUM RENTAL**

**TEAM WAIVER**

**GROUP NAME:** \_\_\_\_\_

**GROUP REPRESENTATIVE'S NAME:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**FACILITY RENTED:** \_\_\_\_\_ **ACTIVITY:** \_\_\_\_\_

**Dates Rented:** \_\_\_\_\_

Please read each statement below and if you understand and agree with each statement, put your initials on the space next to the paragraph to signify your understanding and agreement.

\_\_\_\_\_ On behalf of the group listed above, I would like to rent from the Town for West Hartford, the facility listed above on the dates listed above for the stated activity.

\_\_\_\_\_ Members of our group understand that this activity sometimes involves physical collisions between or among players, or with spectators or referees, or with floors, walls, fences, and/or equipment and may result in physical injury. We understand that physical injuries sometimes occur even without impact or collision. We assume the risks of injury (including death) to ourselves and our property inherent in participating in the activity including, but not limited to, injuries or damages arising from the negligence or carelessness of other participants, referees, spectators, and others on the premises. Every member of our group will execute an individual waiver of liability in favor of the Town of West Hartford and the West Hartford Board of Education before participating in our activities in or on town facilities.

\_\_\_\_\_ We understand that we should not start or participate in any program of physical activity without first consulting with our physicians and/or having a physical check-up. If anyone of us is injured, he should promptly seek appropriate medical attention and follow the doctor's orders regarding medical treatment and future participation. We will promptly report any injury to the Department of Human & Leisure Services at 860-561-7510.

\_\_\_\_\_ We understand that the Town/Board of Education will make reasonable efforts to provide a safe facility, but that the Town/Board of Education provides no active supervision of the activity, and is not responsible for conditions that are created by our group, or those created by other participants, referees, spectators, and others on the premises.

\_\_\_\_\_ We are aware that it is our group's responsibility to provide and set up our own equipment, to check the facility or field before and periodically during play, to prevent the creation of any hazards and to keep the area safe. We will report any problems or safety hazards immediately to the town and agree to repair any such hazards which we create.

\_\_\_\_\_ We agree to use only the facility which we have rented and will not interfere with other groups using other adjacent facilities or fields.

\_\_\_\_\_ We understand that we should wear and properly maintain protective equipment suitable to the sport and to our physical condition.

\_\_\_\_\_ We hereby agree to release, defend, indemnify, and hold harmless the Town of West Hartford and the West Hartford Board of Education (including its departments, officials, agents, employees, and servants) from any and all suits, claims, cost (including, without limitation, attorneys fees) of any kind for injuries (including death) to person(s) and/or property arising out of any act or omission of our own, or other participants, referees, and spectators or anyone directly or indirectly involved with our group, relating in any way to our participation in this activity.

\_\_\_\_\_ I hereby certify that I am the authorized representative of this group and that I have conveyed all of this information to the members of this group, and that they understand and agree to the statements above.

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**Town of West Hartford**  
**Department of Human & Leisure Services**  
**Insurance Requirements for Rental of Facilities and/or Showmobile**

**Renter/Lessee/User agrees to maintain the required insurance during the rental/lease/use of**

\_\_\_\_\_ (facility) by

\_\_\_\_\_ (group name).

The cost of such insurance including any and all deductibles shall be paid by the Renter/Lessee/User.

The policies shall be on the occurrence form and must be written by companies licensed to do business in the State of Connecticut. Any and all exceptions shall be reviewed by the town's Risk Manager.

Certificate of insurance confirming coverage shall be furnished prior to the rental/lease/use of the facility. All policies shall provide for a thirty (30) days written notice of cancellation, ten (10) days notice for non-payment.

The town reserves the right to cancel or terminate any agreement to rent/lease/use the facility for failure to provide or maintain insurance coverage as required and to name the Town of West Hartford and West Hartford Board of Education as the additional insureds.

Such insurance shall be written for not less than specified, or required by applicable federal, state and/or municipal law, regulation or requirement, whichever is greater. It is agreed that the scope of limits such insurance specified are minimum requirements and shall in no way limit or exclude the Town of West Hartford or West Hartford Board of Education from additional limits or coverage provided under the policies of the Renter/Lessee/User.

**COMPREHENSIVE GENERAL LIABILITY** including bodily injury, property damage, personal injury and contractual liability with minimum limits of \$1,000,000 combined single limit. **The Town of West Hartford and West Hartford Board of Education are to be named as additional insureds.**

**PLAYER ACCIDENT INSURANCE** (for athletic events) including each player, manager or coach for \$25,000 accidental medical benefits limit per individual/per accident.

In lieu of the Player Accident Insurance coverage the Town of West Hartford will accept signed **Individual Waivers of Liability**. Each team shall submit legible rosters of all team members (including, but not limited to, players, managers and coaches) accompanied by executed Individual Waivers of Liability for each individual listed on the roster.

**WORKERS' COMPENSATION** (when applicable) for the statutory limits including Employer's Liability with limits of \$100,000 each accident, \$500,000 for each disease/policy limit, and \$100,000 for disease for each employee.

\_\_\_\_\_  
Renter/Lessee/User  
Authorized Representative

\_\_\_\_\_  
Date

WEST HARTFORD HUMAN & LEISURE SERVICES  
GROUP ATHLETIC FIELD OR GYMNASIUM RENTAL

**INDIVIDUAL WAIVER OF LIABILITY FOR PARTICIPANTS**

GROUP NAME: \_\_\_\_\_

GROUP ACTIVITY: \_\_\_\_\_

INDIVIDUAL PARTICIPANT'S NAME: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ EMail: \_\_\_\_\_

Please read each statement below and if you understand and agree with each statement, put your initials on the space next to the paragraph to signify your understanding and agreement. You will not be permitted to participate in your group's activity until each statement is initialed.

\_\_\_\_\_ I understand that this activity sometimes involves physical collisions between or among players, or with spectators or referees, or with floors, walls, fences, and/or equipment and may result in physical injury. I understand that physical injuries sometimes occur even without impact or collision. I assume the risks of injury (including death) to myself and my property inherent in participating in the activity including, but not limited to, injuries or damages arising from the negligence or carelessness of other participants, referees, spectators, and others on the premises.

\_\_\_\_\_ I understand that I should not start or participate in any program of physical activity without first consulting with my physicians and/or having a physical check-up. If I am injured, I should promptly seek appropriate medical attention and follow my doctor's orders regarding medical treatment and future participation. I will promptly report any injury to the Department of Human & Leisure Services at 860-561-7510.

\_\_\_\_\_ I understand that the Town/Board of Education will make reasonable efforts to provide a safe facility, but that the Town/Board of Education provides no active supervision of the activity, and are not responsible for conditions that are created by my group, or those created by other participants, referees, spectators, and others on the premises.

\_\_\_\_\_ I am aware that it is my group's responsibility to provide and set up our own equipment, to check the facility or field before and periodically during play, to avoid creating any hazards and to keep the area safe. We will report any problems or safety hazards immediately to the town.

\_\_\_\_\_ I agree to only use the facility that my group has rented and I will not interfere with other groups using other adjacent facilities or fields.

\_\_\_\_\_ I understand that I should wear and properly maintain protective equipment suitable to the sport and to my physical condition.

\_\_\_\_\_ I hereby agree to release, defend, indemnify, and hold harmless the Town of West Hartford and the West Hartford Board of Education (including its departments, officials, agents, employees, and servants) from any and all suits, claims, cost (including, without limitation, attorneys fees) of any kind for injuries (including death) to person(s) and/or property arising out of any act or omission of my own, or other participants, referees, and spectators or anyone directly or indirectly involved with my group, relating in any way to my participation in this activity.

\_\_\_\_\_ I hereby certify that I am over the age of eighteen (18), and that I understand and agree to the statements which I have initialed above.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_