

MEMORIAL FIELD - APPLICATION FOR FIRST TIME USER

Name of Organization/Individual: _____

Mailing Address: _____

Name of Contact Person: _____

Telephone Number of Contact Person: _____

E-mail Address of Contact Person: _____

If this organization is located within the boundaries of the Mamaroneck Union Free School District, please answer the following questions:

For-profit _____ Not-for-profit _____

If not-for-profit, please attach a copy of your not-for-profit certificate; if you do not have one, please provide an explanation.

Services provided to: ___Children (18 years or under)___Adults

Please provide a listing of members of the organization with their home addresses (e.g. roster of teams).

**I have read and understand the fee schedule as presented and would like to continue my application for Use of Memorial Field at the Mamaroneck Union Free School District
YOU WILL BE BILLED FOR ALL REQUESTED TIME REGARDLESS OF USE**

The above named organization further agrees to follow the rules and regulations of the Mamaroneck Union Free School District.

AGREEMENT

(Name of Organization) _____ does covenant and agree to defend, indemnify and hold harmless the Mamaroneck U.F.S.D. from and against any and all liability, loss, damages, claims or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in any way connected with the actual or proposed use of Mamaroneck U.F.S.D. property, facilities and/or services, including but not limited to bodily injury to any employee, invitee, guest, contractor or subcontractor of (Name of Organization) _____.

(Name of Organization) _____ understands and agrees that its use of Mamaroneck U.F.S.D. property and facilities includes, but is not limited to, all areas identified in the application and/or permit, and sidewalks, walkways, parking lots, entrances, stairs, and all other areas incidental to and/or connected with the use of the premises (hereinafter referred to as "incidental areas"). (Name of Organization) _____ agrees that its indemnity and insurance obligations extend to the areas identified in the application and/or permit and any and all incidental areas.

Signature: _____ Date of Application: _____

OFFICE USE ONLY

- ___ Outside Organization
- ___ Community Organization: For-profit
- ___ Community Organization: Not-for-profit, servicing children
- ___ Community Organization: Not-for-profit, servicing adults