



Hanover Township PUBLIC SCHOOLS

61 Highland Avenue
Whippany, NJ 07981
973.515.2407

HOLD-HARMLESS AGREEMENT

Except as otherwise noted for signatures, this agreement is to be typed or hand printed

Date of Submission: _____

1. Definitions:

" I / we a n d m e / m y s h a l l m e a n

INDIVIDUAL

Name: _____

Address: _____

Home Phone _____

Work Phone _____

Cell Phone _____

ORGANIZATION: (If Applicable)

Name: _____

C/O: _____

Address: _____

Business Phone _____

CORPORATION: (If Applicable)

Person Responsible:_____

Business Title:_____

Business Address:_____

Business Phone:_____

“ You / Yours ” shall mean the Township Board of Education, its agents, servants, employees, or contractors. known

2. GENERAL INFORMATION

Date of Activity:_____

Site:_____

If permission is sought for a seasonal activity, please state the starting date and ending date for the activity:

From_____ **Date**

To:_____ **Date**

Hours Site is Needed:

From:_____ **AM/PM**

To:_____ **AM/PM**

ACTIVITY TO BE HELD: (DESCRIBE IN DETAIL)

PLEASE BE ADVISED THAT THE BOARD OF EDUCATION PROHIBITS THE DISPENSING AND CONSUMPTION OF ALCOHOLIC BEVERAGES AT ANY OF THE SCHOOL DISTRICTS BALL FIELDS AT ALL TIMES.

NOTE: We have installed garbage- dispensing boxes marked “ CARRY CARRY in the”of garbage cans. Please be sure to utilize them in an effort to keep our fields free of debris.

3. I sign this Hold –Harmless as my voluntary act and by this act to hold you harmless and indemnify you from any claims, suits or other actions arising from, caused by, or which are the alleged result of any act or omission of:

a) You: (applicable only if the user of the site is a Corporation).

b) Any guest, invitee, licensee, visitor or other person present on the premises listed above in order to participate in organize, assist, enjoy, and supervise or in any other way further the activity to be held (as described above) on the date/dates listed above.

4. I state that the activity listed above will not include the consumption of alcohol.

5. By signing this agreement, I verify that I have received a copy of District Policy 2431.4 –Prevention and Treatment of Sports-Related Concussions and Head Injuries and will comply with all requirements as stated.

6. **APPLICABLE TO ALL USERS:**

I also agree that I am obligated to reimburse you for any costs incurred by you to enforce the terms of this Hold-Harmless or to defend yourself against any claim, suit, demand for subrogation, or other action which a court of competent jurisdiction later determines by final order or judgment should have been defended by me at my sole cost and expense pursuant to this Hold-Harmless.

7. **LEGAL SIGNATURE:**

Individual: _____
Signature

Please print name in full as it appears

Title: _____

On behalf of: _____
Organization

Corporation

HANOVER TOWNSHIP BOARD OF EDUCATION

Signature of Authorizing Official: _____
Business Administrator/Board Secretary

Date of Approval: _____