



UPPER PROVIDENCE TOWNSHIP
1286 Black Rock Road
P.O. Box 406
Oaks, PA 19456
610-933-9179

PAVILION PERMIT REQUEST

Organization _____ Contact Name _____

Phone No. _____ Email _____

Park	Date	Times	# attending

Usage Fee \$ _____ Ck. # _____ Date Received _____

Signature of Applicant _____

REGULATIONS FOR USE OF THE PAVILION

Applicant must submit request for use of the pavilion and pay a \$50.00 usage fee.

No alcoholic beverages are permitted.

Use of the pavilion is not permitted after dark.

The applicant will be responsible for removing all trash.

Parking is available at the Black Rock Park parking area or in the front Visitors lot at the Administration Building. Parking is not permitted behind the Administration Building or the Police Maintenance Garage.

There are restrooms available at both parks.

Erecting of tents is prohibited unless given permission by the Recreation Department and Fire Marshal.

Please report any issues/damages to Recreation Department at 610-933-9179.

Office Use Only

Approved by: _____ Added to Calendar _____



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RELEASE FORM

I (we), the undersigned officer(s)/representative(s) of _____
(Name of Organization)

do hereby release from any and all forms of liability whatsoever all officials, employees and persons associated with Upper Providence Township, from any and all accidents and/or injuries sustained by children/participants registered with our organization while engaged in any and all activities on Township-owned property.

I (we) also hereby agree to indemnify any and all of the above mentioned individuals from any and all losses suffered by virtue of any and all suit started or judgment obtained on behalf of any children/participants registered with our organization arising out of any and all sickness/injury sustained in regard to participation in our program while on Township property.

I (we) hereby certify that our organization has obtained all appropriate and necessary releases from parents of children/participants in our program dealing with emergency treatment and medical/hospitalization insurance.

This release and indemnity agreement is executed with the full knowledge and understanding and with the intention that I (we) shall be legally bound thereby.

Signature

Date Signed

Print/Type Full Name

Title

Mailing Address

Phone Number