



southburlington

RECREATION & PARKS

ATHLETIC FIELD & FACILITY REQUEST FORM

Submission Date:

Organization Contact Information

Organization Name:	Organization Phone:
Address:	City, State, Zip
Contact Name:	Contact Phone:
Email Address:	

Athletic Field Space Requested *(please provide and attach a schedule for games and practices)*

Type of Need: _____ Practice _____ Game	
Field Needs: _____ Soccer (Regulation) _____ Soccer (U12) _____ Soccer (U10) _____ Baseball (Babe Ruth) _____ Baseball (Little League) _____ Softball _____ Lacrosse _____ Football _____ Tennis Court _____ Basketball Court	
Location: _____ Dorset Athletic Fields <i>(Veterans Memorial)</i> _____ Jaycee Park _____ Farrell Park _____ Szymanski Park	
Date(s) Requested: Start _____ End _____	Time(s) Requested: Start _____ End _____
Day(s) of the Week Requested:	Lights Needed: <i>(only available at Jaycee Park Baseball/Softball field)</i> _____ Yes _____ No <i>(extra fee required for lights)</i>
Estimated Number of Participants: Total # _____ # of Youth _____ # of Adults _____ # of SB Res. _____	
Additional Comments or Requests:	
Applicants Signature:	Date:

Signatures also required on the back or second page of this document - Release & Waiver

Application must be submitted a minimum of **Two Weeks** prior to your scheduled activity.
Return completed form to Recreation & Parks Office, 575 Dorset Street. All Requests are reviewed in accordance with the Facility Use & Fee Policy.

ATHLETIC FIELD & FACILITY USE RELEASE & WAIVER

ACKNOWLEDGEMENT OF UNDERSTANDING, being a duly authorized representative of the organization requesting field and or facility with the City of South Burlington, I acknowledge that I have read and understand the Facility Use and Fee Policy attached and agree to inform my users and abide by the conditions within the policy.

Signature _____

Date _____

LIABILITY RELEASE

RELEASE made this _____ day of _____, 20__ by (Organization) _____

IN CONSIDERATION, of permission being granted by the City of South Burlington to use the requested field or facility, (Organization) _____ hereby and forever discharge and release the City of South Burlington, its agents, employees and officers, from all actions, claims, demands, judgments and damages which we, or any of the participants in our program or group, may have, or claim to have, or acquire in the future, for all personal injuries, or damage to property, rising out of our organization's use of the permitted facility.

WE ACKNOWLEDGE that we have total responsibility for the program and our group and for the safety of all its participants. In addition, we acknowledge that the City of South Burlington has no responsibility for the condition of the facility, be it a building, room within a building, field or open space, and that a supervisor from our organization shall always inspect the premises prior to use to ascertain that the premises are in safe and useable condition. We further acknowledge to the City of South Burlington that our organization or group has adequate liability insurance, and that such insurance protects the City of South Burlington to the extent of its interest. We further acknowledge that a Certificate of Insurance will be provided to the City of South Burlington, naming the City of South Burlington as the certificate holder as Additional Insured under the policy. This will be sent to the Recreation Department prior to being issued a permit.

IN WITNESS WHEREOF, the undersigned, being a duly authorized representative of the above-named organization has executed this release on the day and year first above-written.

Signature _____

Date _____

TITLE II-ADA: (Americans Disability Act) - Note: Title II of the ADA prohibits the City of South Burlington from providing support including facilities to any organization which discriminates on the basis of disability. I, _____ agree that while we use the City of South Burlington's facilities, parks, fields, and buildings for practice, games, tournaments, meetings and other such events, that we will not discriminate on the basis of disability.

Signature _____

Date _____