



## BOROUGH OF PARK RIDGE

55 Park Avenue  
Park Ridge, NJ 07656  
Phone: (201) 573-1800  
Fax (201) 391-7130

### GUIDELINES FOR USING MEMORIAL PARK PAVILION

The following guidelines must be adhered to in order to hold a function at the Memorial Park Pavilion. Failure to follow these guidelines will result in a revocation of user privilege.

- Pavilion use is restricted to Park Ridge residents only.
- A facility request form must be completed and submitted to the Borough Administrator's Office at least ten days in advance. An executed Hold Harmless Agreement, along with a certificate of insurance, must be provided five days prior to the event. Individuals may obtain a certificate of insurance through their homeowner's/tenants policy and, when applicable, umbrella liability policy. Reservations are conditional until the Hold Harmless and Certificate of Insurance are received.
- Reservations are required for a child's birthday party. The party is limited to 3 hours, morning or afternoon.
- Birthday parties are restricted to a maximum of 35 people.
- Permission for other events will be granted on a case-by-case basis, for either the morning or afternoon use of the Pavilion; use of the Pavilion for an entire day is prohibited.
- Pavilion use is exclusive during the reserved party time. **However, the remaining tables, the playground, the field, the parking lots – all other facilities are open for resident use at all times.**
- No rain dates.
- No live entertainment except a single-person act, such as a clown or magician. Ponies, inflatable rides, mechanical rides, are strictly prohibited. Live bands are prohibited.
- Keys are available for the restrooms and may be picked up at Borough Hall the day before the event. Keys must be returned the next day (there is a drop box in the front of Borough Hall for weekend returns).
- Alcohol and drug consumption are prohibited.
- **All groups must clean up after the event to restore the area to its condition prior to the event.** All garbage must be bagged and deposited in the dumpster across from the firehouse.
- For questions, or to make reservations, please contact Karen Prezant at 201-573-1800.



# BOROUGH OF PARK RIDGE

53 Park Avenue  
Park Ridge, NJ 07656  
Phone: (201) 573-1800

## APPLICATION FOR USE OF BOROUGH FACILITIES

### Team Rosters Must Be Provided With Application To Use Any Borough Fields

Organization making application: \_\_\_\_\_

Facilities Requested: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Time requested: \_\_\_\_\_

Purpose for which facility is requested: \_\_\_\_\_

Will this use require refreshments: \_\_\_\_\_

Name of responsible adult who will be present and in charge: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Will an admission or registration fee be charged: \_\_\_\_\_ If so, amount: \_\_\_\_\_

Proceeds of event will be for benefit of \_\_\_\_\_

Will public be admitted: \_\_\_\_\_ Approx. attendance: \_\_\_\_\_

Services needed (describe ) POLICE \_\_\_\_\_ POLICE RESERVE \_\_\_\_\_

DPW \_\_\_\_\_ OTHER \_\_\_\_\_

I hereby agree to observe and comply with all rules and regulations of the Borough of Park Ridge governing the use of public property, and to become responsible for any damage to the grounds, buildings, furniture or equipment. I also agree to go to the property director in advance of use of the facilities to arrange any details necessary. Further, I agree to pay for all rental fees and charges for services of personnel required in accordance with Borough policy. I agree to provide adequate police and fire attendance and that I will make good any damage or loss arising from our occupancy of the facility.

NAME OF PERSON MAKING APPLICATION: \_\_\_\_\_



# INSURANCE REQUIREMENTS

## For use of Borough of Park Ridge Property or facilities

The use of \_\_\_\_\_, Borough of Park Ridge property by the  
aforementioned organization/ individual is contingent on a certificate of insurance as required herein on file in the office  
of Borough Clerk, Borough of Park Ridge, NJ 07656 – 5 work days PRIOR to the date of use, or as required in the  
guidelines for use of the property.

1. The Certificate of Insurance must indicate the following:
  - a. Minimum limits of \$300,000 CSL personal liability (for individual(s) town residents) \$1,000,000 CSL,  
General liability (for businesses and all others) for bodily injury and property damage. Note: The Borough  
may require higher liability limits upon review of the application i.e. nature of activities planned, number  
of persons attending, proposed entertainment, the serving of Liquor (if permitted) or any other reason it  
deems necessary.
  - b. Said Insurance certificate **shall name the Borough of Park Ridge, it's Officials, agents and  
employees as additional insureds.**

## HOLD HARMLESS AGREEMENT

For and in consideration of the use/rent of \_\_\_\_\_  
(name of facility)

On the following dates \_\_\_\_\_ For the purpose of \_\_\_\_\_

\_\_\_\_\_, the undersigned agrees to indemnify and  
hold harmless the Borough of Park Ridge its officials, agents, and employees harmless from any and all liability, claims,  
costs and attorneys fees arising out of the use of said premises or property referenced above and including any losses or  
damages arising from the acts or omissions of any guest, participant, visitor, employee, servant or other person attending  
the event herein referred to.

This Agreement shall remain in full force and effect for any continued, additional or postponed date(s) for the event  
indicated.

The Borough of Park Ridge reserves the right to cancel or interrupt the event if the representations set forth herein and  
on application, or guidelines for use of said property are not adhered too or if the Borough determines that a situation  
that might lead to personal injury, property damage or violation of law exists.

Name of Individual or Organization \_\_\_\_\_

Type of Organization: circle one (individual, LLC  
partnership, Non-profit, Corporation, Public Entity)

Position: \_\_\_\_\_

Telephone#: \_\_\_\_\_

Address:(not P.O box) \_\_\_\_\_

Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

X \_\_\_\_\_