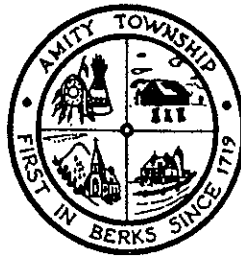


Township Office:
2004 Weavertown Road
Douglassville, PA 19518-8971



Phone: 610-689-6000
Fax: 610-689-9870

AMITY TOWNSHIP
Board of Supervisors

FACILITY USAGE PERMIT

Name of Group/Individual _____

Address of Group/Individual _____

Home Phone _____ Business Phone _____

Facility Being Requested _____

Time & Date of Facility Request _____

Type of Event Planned _____

Number of Anticipated Guests _____

Check One: Certificate of Insurance _____ Hold Harmless Agreement _____
(Must send a copy with permit application)

Information on Individual Organizing Event

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

ALL APPLICANTS OF THE PARK USEAGE PERMIT MUST READ THE FOLLOWING PARAGRAPH AND PROVIDE THEIR SIGNATURE.

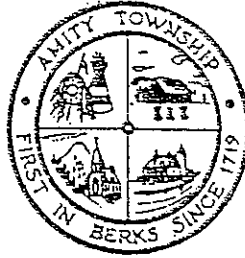
To the best of my knowledge, the completed information is correct. I understand that any misrepresentation of this information may result in the denial and/or cancellation of this permit.

Signature Date

.....
FOR OFFICIAL USE ONLY:

Fee to be collected _____ Cash _____ Check No. _____ Date Paid _____

Township Office:
2004 Weavertown Road
Douglassville, PA 19518-8971



E-Mail: amitytownship@juno.com
Phone: 610-689-6000
Fax: 610-689-9870

AMITY TOWNSHIP
Board of Supervisors

KNOW ALL MEN BY THESE PRESENT this _____ day of _____, 19____, that the undersigned, its heirs, executors, administrators and assigns, do hereby agree to indemnify and hold harmless Amity Township its agents, servants and employees, officers, supervisors and directors, from any and all liability whatsoever, including attorney fees, by reason of any injury to persons, including death at any time resulting therefrom, or property arising out of the use of Amity Township, Berks County, Pennsylvania, whether such injuries to persons or damage to property are due or claim to be due to any passive negligence of Amity Township, its agents, servants and employees, officers, supervisors and directors. It is further understood and agreed that the undersigned shall, at the option of Amity Township, defend Amity Township, appropriate counsel and shall further bear all costs and expenses, including the expense of council, in the defense of any suit arising hereunder.

Name of group or individual: _____

Signature of representative: _____

Date of reservation: _____

Hours of expected use: _____

11

PAVILLION USAGE

ALL APPLICANTS OF THE PARK USEAGE PERMIT THAT **INTEND TO USE THE PAVILLION (S)** IN CONJUNCTION WITH THEIR PERMIT, MUST READ THE FOLLOWING PARAGRAPH AND PROVIDE THEIR SIGNATURE:

Any applicant granted a facility use permit for an Amity Township Park Facility, who intends to use the pavilion at that site shall be responsible for picking up keys to that pavilion; unlocking and locking the pavilion and returning these keys to the township building.

Keys for weekend events will be available beginning Wednesday at 2 p.m. Keys shall be returned to the township offices not later than the close of business on the Tuesday following the event at the township facility.

Failure to comply with these terms and conditions may result in forfeiture of any deposit and banishment of you or your group/organization from the future use of our facilities.

I understand these terms and conditions.

Signature

Date