TOWN OF VERNON PARKS & RECREATION DEPARTMENT

120 South Street - Vernon, CT 06066 parksandrec@vernon-ct.gov

RENTAL APPLICATION FORM

NEW USERS CREATE ANACCOUNT AT https://vernonct.myrec.com return application to the parks & recreation office <u>Two</u> <u>Weeks Prior</u> to the date or dates covered. Firm commitments should not be made until an approved pplication is returned to you.

Name of Responsible Renter*: Contact Phone #()	Email Address:				DOB:/	
	City					
Name of Organization: (if applicable) Address of Organization:						
Rental is for what type of event?Inc	dividual _	Public	Private	Organizat	on/Community**	
Rental Date(s)	_Rental Tir	ne (including	set-up/breakdown	times) FROM	то	
Type of Event:	Estimate	ed# of Atten	dees	#Adults	#Children	
Facility/Park/Grounds Requested						
Notes: IMPORTANT: *Renter must be 21 years of a Town as additional insured MUST BE provided.	age or olde	r. **If Organiz	rational/Community			
Do you plan to have entertainment:	Yes	No	What:			
Will admission be charged:	Yes	No	How much:			
Are you advertising the event to the public:	Yes	No	Where:			
Is the event a fundraiser:	Yes	No	Explain:			
Do you plan to have food:	Yes	No	Self /Catered/Food Truck:			
Will you allow vendors:	_Yes	No	If yes, is a fee charged if so what:			
Is event to advertise a business or program:	Yes	No	Explain:			
I (Applicant/Organization) have read and understant public health guidelines In addition, I (Applicant/Organization) the aforementioned guidance. I (Applicant/Organization) further understand that it referenced documents including, but not limited to signage, social distancing, layout, or modifications to exposure in any public setting to COVID-19 and other	ganization) u the Town of \ , personal pro o existing spa	nderstand it is of dernon will not otective equipn	our responsibility to sta assist in administering nent, cleaning, disinfect	y up to date and comp any of the requiremer ting, sanitizing, trainin	oly with any updates that are made to uts contained within the above g, tracking, certifying, ventilating,	
Any costs incurred to ensure compliance to the Sta be sole responsibility of the Applicant/Organization		ticut's Reopen	Plan, its <u>Executive Ord</u>	ers and all current loca	ıl and state public health guidelines wi	
By signing this I certify that I have read and underst aware of the rules and regulations and abide by the and that as the rental group we are solely responsible rental event will guarantee to defend, indemnify, at agents against any and all liabilities, claims, damage is also understood that Renting Organizations will phave read and understand the cancellation and refuthe Town of Vernon.	em. I understa ole for any an nd hold harm es, losses, cos rovide and m	and that someond all supervision less the Town of ts, and expense aintain insuran	ne over the age of 21 n n during the event. It is of Vernon and the Vern es arising indirectly or o ce coverage as outlined	nust be in charge at the fully understood and on School Districts, its lirectly in connection volume the rental policies	e venue for the duration of the event agreed that I and anyone attending m officers, employees, volunteers, and vith, or as a result of this agreement. I and procedures. I acknowledge that I	
Printed Name of Responsible Renter		Signat	ure		Date	