

# Field Request Form

**Fairlawn Parks & Recreation, 3487 S. Smith Road, Fairlawn, OH 44333 330-668-9515**

Organization/Team: \_\_\_\_\_

If Team, what is the affiliated organization: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address \_\_\_\_\_

What is the age group: Youth (5-12 yrs.) \_\_\_\_\_ Teen (13-18 yrs.) \_\_\_\_\_ Adult (18 yrs. +) \_\_\_\_\_

## LIABILITY INSURANCE

Does requesting organization carry liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of liability insurance carrier of sponsoring agency: \_\_\_\_\_

Limits of liability: \$ \_\_\_\_\_

All organizations that carry liability insurance must name the City of Fairlawn, its officials, officers and employees and the Division of Parks & Recreation as an additional insured and provide certificate of insurance as a condition of the field agreement.

## Times Requested

Day	Time Requested	Park/ Field #	Special requests/conditions
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

## Dates Requested

Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

## ACKNOWLEDGEMENTS AND RELEASE OF LIABILITY

The Applicant, on behalf of the organization he/she is representing, agrees to hold harmless the City of Fairlawn and its respective officials, officers, employees, agents and assignees, and the Division of Parks & Recreation from any and all liabilities, damages and claims, whether to persons or property, as the result of negligence on the part of said individual or

organization, or the acts of any of its agents or anyone visiting the park or fields upon the invitation of said applicant. Applicant further agrees to adhere to all Ordinances and Laws of the City of Fairlawn and the Statutes of the State of Ohio and the Federal Government.

Applicant acknowledges receipt of and further agrees that its organization will adhere to all **Fairlawn Park Rules and Regulations**; and will notify and inform all participants of the league he/she is representing of the aforementioned documents.

The Applicant agrees he/she is authorized to sign on behalf of the organization.

Organization Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of City of Fairlawn official

\_\_\_\_\_  
Date