



spartanpark.com

## ATHLETIC FIELD USAGE REQUEST

Between

**HICKORY TOWNSHIP PARK AUTHORITY (HTPA)**

and

Individual / Organization Name Requesting (Requester): \_\_\_\_\_

Representative Name / Title: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

\*\*\* Please attach proof of insurance documentation upon submission to HTPA \*\*\*

Specific Purpose of Use: \_\_\_\_\_

Usage Date: \_\_\_\_\_ Entry Time: \_\_\_\_\_

**Circle Rate/Duration Below**

<b>Baseball / Softball Fields</b>	<b>Field 1:</b>	\$40 /2hrs	\$60/4hrs	\$100/day
	<b>Field 2:</b>	\$40 /2hrs	\$60/4hrs	\$100/day
	<b>Field 3:</b>	\$40 /2hrs	\$60/4hrs	\$100/day
<b>Soccer / Multi-Purpose Field</b>	<b>Half Field:</b>	\$35/2hrs	\$55/4hrs	\$90/day
	<b>Full Field:</b>	\$65/2hrs	\$85/4hrs	\$120/day

The Requester agrees to keep the premises in as good a repair and condition as he or she accepted it; at the expiration of the usage the user agrees to surrender same in like repair and condition; to permit no unlawful business to be carried on upon interest therein to any person or persons.

HTPA will not be liable or responsible to any person or persons engaging in activities during the usage of HTPA facilities and/or equipment; or any person or persons attending or entering or leaving the premises during the rental period.

The Requester does hereby fully and forever release and discharge HTPA from any and all claims or damages whatsoever, both in law and in equity, in excess of any insurance funds which may be available, on account of, or in any way resulting from, personal injuries, including (but not necessarily limited to) suffering, pain, death, property damages or loss of property sustained by any individual as a result of or in any way related to participation in the activities of use. The user(s) hereby agree that they will use only the premises as hereinafter set forth, with the right of ingress and egress to the premises and will not trespass in any other part of the premises not covered by this usage agreement.

Furthermore, the user(s) acknowledges that they have read the regulations concerning the use of HTPA property and agrees to assume the responsibility for the observance of said regulations and for any other regulations necessary.

Organizational Representative Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**MAIL TO:** HTPA PO Box 7401 New Castle, PA 16107

**EMAIL TO:** info@spartanpark.com

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HTPA Approval Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

FEE RECEIVED: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

HTPA ADDITIONAL INSTRUCTIONS / ALLOWANCES:

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