

**Please Submit Two Copies**

**Killingworth Park and Recreation Commission**

323 Route 81  
Killingworth, CT 06419

**Killingworth Recreational Park Usage Permit**

Please be advised that approval of this application is contingent upon you or your organization presenting an acceptable certificate of insurance naming the town of Killingworth as an additional insured. If your group does not have an insurance policy, each member of your group must read, sign and submit a "Hold Harmless Agreement" before your application can be considered.

**Name of the Requestor** (preference to residence/taxpayer): \_\_\_\_\_

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

**Club or Organization Name:** \_\_\_\_\_

If your group is not known well to the public, briefly describe your purpose:

\_\_\_\_\_

**Date(s) Requested:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Sections of the park to be used (Please check all that apply):**

- Field #1
- Field #2
- Field #3
- Field #4
- Parking Lot
- Storage Building
- Trails
- Other \_\_\_\_\_

**Size of the group expected (Please check):**

- Under 10
- 11-50
- 51-100
- Over 100 People

Number of town residents expected: \_\_\_\_\_

**For Sporting Events:**

**Number of players & coaches from Killingworth:**  Under 10  11-50  51-100

**Total players & coaches:**  Under 10  11-50  51-100  Over 100

Describe proposed activity: \_\_\_\_\_

Does the proposed activity involve unloading or using a motor vehicle on the grass area? (If yes, this requires special permission from the Commission, please specify your needs).

- YES
- NO \_\_\_\_\_

Does the proposed activity involve bringing in auxiliary equipment? (If yes, please specify)

- YES
- NO \_\_\_\_\_

Does the proposed activity involve the removal or movement of Recreation Commission equipment? (If yes, please specify)

- YES
- NO \_\_\_\_\_

**Things you should know**

A \$50.00 refundable deposit is required for any requesting agency (requestor) using the park for a non-Recreation Commission sponsored activity. Make checks payable to: **Town of Killingworth**

Proof of insurance and special rider designating the Town of Killingworth as an additional insured or signing of "Hold Harmless Agreement" as described on previous page is required. This form can be found at the Town Office Building and online at [www.killingworthtoday.com](http://www.killingworthtoday.com).

The Park and Recreation Commission meet once a month. Please plan accordingly.

The requesting agency (requestor) assumes all legal and financial liability incurred by attendants to the proposed activity.

Within 24 hours of the completion of the activity, the parkland in use must be restored to the original condition by the agency (requestor).

The requesting agency (requestor) understands that failure to do so will result in that agency losing part or all of the initial deposit for any clean up or restoration work to be done.

Portable toilet facilities and trash receptacles are provided April through November only.

Electrical outlets can be made available if necessary.

**Park Rules include:**

Park is intended for residents' usage.

No dogs or horses are allowed.

No glass allowed.

No golfing allowed.

No alcohol allowed.

Any motor vehicle that receives permission to be unloaded on the grass area **MUST** be removed promptly and parked in the designated parking areas.

I have read and understand the rules of Rocco Park and have submitted the required insurance information.

**Date of request:**

**Signature of requestor:**

<b>For Park and Recreation Use Only</b>	Request approved: _____ Denied: _____
	Remarks: _____ _____
	Date: _____
	Signature: _____
	<input type="radio"/> Insurance _____ or <input type="radio"/> Signed Hold Harmless Agreement