After completing form, email to aames@waterville-me.gov by saving to your computer and sending as an email attachment.

Print Form

QUARRY ROAD FACILITY USE CONTRACT

PLEASE NOTE: ALL USE OF CITY FACILITIES IS AT YOUR OWN RISK

Please complete this form and attach any related materials. Once completed, please return to Waterville Parks and Recreation, 6 Wentworth Ct, Waterville, ME 04901 at least two weeks prior to event. This form may also be faxed to (207) 877-7532.

Name of Organization/Group: _____

Event Contact Person: _____ Contact Phone Number: _____

Address: _____

Event Information

(Please attach any route information to this form)

Event Date & Time:_____

Facility Requested:_____

Type of Activity:_____

Description/Purpose of Event:_____

_____

Approx. No. of Users (incl. Spectators): _____ Admission Fee/Donation Amount: _____

Will you require any special equipment or preparation? _____

_____

Please sign below (contract not created until authorized city official signs and returns copy to you).

In consideration of the City of Waterville granting permission for the activity described above,

_____ agrees to the following:

Please Note: Signature must be from individual or corporation responsible for the event. It cannot be the name of an unincorporated association.

1. To reimburse the City for any damage to City property arising in any way out of the permitted activity, whether caused by participants, observers or others.
2. To indemnify and hold harmless the City and the Friends of Quarry Road for all claims arising out of the requested activity, whether made by participants, observers or others.
3. To reimburse the City its reasonable attorney's fees in seeking reimbursement for damages to City property, defending against any claims brought against it or enforcing the indemnification and hold harmless agreement.
4. To reimburse the City for any clean-up costs associated with the event.
5. To name the City of Waterville and the Friends of Quarry Road as additional insured on its insurance policy/certificate, have liability coverage of at least $1,000,000 in damages, comply with Maine Workers Compensation per state statute, and provide City with documents showing coverage (If required by city officials).

Name of Insurance Carrier: _____

Signature & Title: _____Date:_____

OFFICE USE ONLY

Action Taken: _____

Conditions/Comments: _____

_____

By: _____ Date:_____