

Township of Logan
125 Main Street
Bridgeport, NJ, 08014
856-467-3424

LOGAN TOWNSHIP ATHLETIC FIELD – APPLICATION FORM

FALSE INFORMATION ON THIS FORM WILL RESULT IN PERMANENT EXPULSION FROM THE
ATHLETIC FIELDS.

PARTICIPANTS:

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ MUNICIPALITY _____

TELEPHONE _____ OTHER PHONE _____

INTENDED USE _____ DATE OF REQUESTED USE _____

*IN ADDITION TO THIS FORM, THE APPLICANT MUST PAY A \$25.00 FEE FOR THE
TOWNSHIP CLERK TO ISSUE THE APPLICATION.*

I, THE APPLICANT, BEING AT LEAST 18 YEARS OLD, BY
APPLYING TO THE LOGAN TOWNSHIP ATHLETIC FIELDS, HEREBY GIVE MY APPROVAL
TO PARTICIPATE WITHIN THE BOUNDARIES OF THE RULES. I OBSERVE THAT THE
FIELDS ARE TO BE USED IN THE TIME ALLOTTED AS PER THE DESIGNATED HOURS;
THAT **ONLY** ATHLETIC EQUIPMENT AND SPORTS PARAPHERNALIA IS TO BE ON THE
FIELDS; AND THAT FAILURE TO COMPLY MIGHT RISK MY EVICTION FROM THE FIELDS.

IN THE EVENT OF AN INJURY DUE TO ACCIDENTS BEYOND THEIR CONTROL, I
DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS
THE TOWNSHIP OF LOGAN, ITS SUPERVISORS, EMPLOYEES, AND ALL PROGRAM
VOLUNTEERS, AS WELL AS, OTHER PERSONS CONNECTED WITH LOGAN TOWNSHIP
FROM ALL LIABILITY AND ALL CLAIMS RELATING TO PERSONAL INJURY OR PROPERTY
DAMAGE THAT I OR MY CHILD MAY SUSTAIN BY REASON OF MY/OUR SAFE
PARTICIPATION IN, EQUIPMENT OR FACILITIES THEREIN.

I/WE HAVE REVIEWED THE ABOVE INFORMATION AND
TRUTHFULLY CONFIRM ITS VALIDITY.

APPLICANT _____ DATE _____