Town of Haverhill
4585 Charlotte Street
Haverhill, FL 33417
Phone: 561-689-0370
Fax: 561-689-4317

STAFF USE ONLY
Intake Date _____
Fee Paid _____

PAVILION AND FACILITIES APPLICATION

GENERAL INSTRUCTIONS
Application must be completed and submitted to the Town of Haverhill in order to utilize the facilities at the Pavilion and cooking grills. DATES AND USAGE ARE SUBJECT TO AVAILABILITY.
NAME OF APPLICANT
ADDRESS
ON BEHALF OF
(Group, organization, business or person)
FOR THE DATE(S) OF
TIME(S)
IN ORDER TO
(Type of event)
NUMBER OF PARTICIPANTS EXPECTED:
CONTACT PERSON:
PHONE NUMBER:
My group/organization ☐ IS - ☐ IS NOT a Non-Profit Organization. (Proof of non-profit status must be attached if applicable)
APPLICANT SIGNATURE AND DATE
STAFF APPROVAL
Official _____ Date _____

HOLD HARMLESS AGREEMENT

This AGREEMENT made this _____ day of _____, 20___ by and between

_____ (hereinafter referred to as "Applicant"), and the Town of Haverhill, Florida (hereinafter referred to as "Town").

WHEREAS, Applicant affirms that all facts set forth in the application are true and correct and understands that the Town may impose reasonable conditions upon the permit in order to reduce adverse impacts and to protect the health, safety and welfare of all;

WHEREAS, Applicant further agrees to comply with the Town's rules, regulations and policies for the reasons set forth above; and the Town intends to approve Applicant's request;

NEW THEREFORE, in consideration of the above, Applicant agrees to release, indemnify and hold harmless the Town from any and all claims, that may arise as a direct result of activities held by Applicant and Applicant's participants during the duration of the event for which this permit is issued, including damage to property or death or injury to persons. Such injuries include bone fracture, contusions, abrasions, lacerations, and other such injuries as may occur in the use of a park for recreational uses.

IN WITNESS WHEREOF, the parties have executed the AGREEMENT, including any addendums attached hereto, on the date and year first written herein.

_____
Applicant's Signature

_____
Applicant's printed name

_____
Applicant's Title or Group's name

STATE OF FLORIDA
COUNT OF PALM BEACH
The foregoing instrument was acknowledged before me this _____ day of

_____, 20___ by _____ who is personally known to me or has produced a Florida Driver's License as identification and who did/did not take an oath.

Florida Driver's License # _____

Seal:

_____
Notary Signature

FEES AND CHARGES

Pavilion and Grills

Half Day	Resident	$50 plus $50 deposit
	Non Resident	$125 plus $100 deposit
Full Day	Resident	$100 plus $100 deposit
	Non-Resident	$150 plus $100 deposit

Total amount due for Pavilion and Grills $_____

FOR OFFICE USE ONLY

____ Proof of insurance attached

____ Application approved

Use Permit good from _____ at _____ until

_____ at _____.

____ Application NOT approved

_____ Date _____
Authorized signature

_____
Printed Authorizer's Name