

Field Request Form

Batavia Township Baseball Facility 1535 Clough Pike Batavia, Ohio 45103

Organizaion/Team: _____

If Team what is the affiliated organization: _____

Name of Applicant: _____

Address: _____ City: _____

Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email address: _____

Coach's name: _____

Age group: Youth (5-12 yrs) _____ Teen (13-18 yrs) _____ Adult (18 yrs +) _____

LIABILITY INSURANCE

Does requesting organization carry liability insurance? Yes ___ No ___

Name of liability insurance of sponsoring agency: _____

Limits of liability: \$ _____

All organizations the carry liability insurance must name the Batavia Township Board of Trustees as additional insured and provide proof of insurance as a condition of the agreement.

RELEASE OF LIABILITY

The applicant, on behalf of the organization he/she is representing, agrees to hold harmless the Batavia Township Board of Trustees and its respective employees from any and all liabilities, whether to persons or property, as the result of negligence on the part of said individual or organization, or the acts of any of its agents or anyone visiting the park or fields upon the invitation of said applicant. Applicant further agrees to adhere to all Laws of the State of Ohio and the Federal Government.

Applicant acknowledges receipt of and further agrees that its organization will adhere to all Batavia Township Park rules and regulations, field use policies, and will notify all participants of the league he/she is representing of the aforementioned documents.

The applicant agrees he/she is authorized to sign on behalf of the organization.

Organization name: _____

Signature of applicant: _____ Date: _____

Print name: _____

