

TOWNSHIP OF

Parsippany-Troy Hills

Recreation Department



James R Barberio
Mayor

Joseph P Plescia
Superintendent

1001 Parsippany Boulevard
Parsippany, New Jersey 07054

Tel: (973) 263-7257

Fax: (973) 335-3655

Insurance Waiver / Insurance Requirements for businesses & organizations

The organization using the facility agrees they will be the responsible party for all guests, invitees, employees and participants and will comply with all laws, rules and regulations and ordinances that pertain to the use of the parks. The applicant has inspected the premises to be used and reported any defects, faulty equipment or repairs to the Township Recreation department PRIOR to and during the use of the facility. By use of the facility, applicant upon itself and its guests, invitees, employees and participants, accepts facility as in its present condition.

Insurance Requirements: (please see sample on the reverse side of this form)

- 1) Comprehensive General Liability Coverage: minimum limits of \$1,000,000 each occurrence/\$2,000,000 general aggregate.
- 2) Liquor Law Liability Coverage if beer / alcohol will be present.
- 3) Workers Compensation Coverage – Statutory benefits
- 4) Non-Owned Automobile Liability Coverage: \$1,000,000 per occurrence

The applicant, to the fullest extent permitted by law, hereby agrees to indemnify and hold harmless the Township of Parsippany –Troy Hills, and all of its agents, directors, officers, employees and volunteers, against any and all claims, judgments, demands for damages and expenses, including but not limited to attorney’s fees, arising out of, by reason of, on account of, in consequence of, or in connection with the use of the park facilities, arising from accidents to any persons or property caused by the applicant, its guests, invitees, family member or participants or any other person(s) to which this application applies. Applicant will name the Township as an additional insured to the Comprehensive General Liability policy and Liquor Law liability coverage if applicable.

Print Name _____

Title: _____

Signature _____

Date: _____

Witness _____

Return this form and Insurance Certificate to
Parsippany Recreation Department
1001 Parsippany Blvd
Parsippany, NJ 07054

Or drop off at the Recreation Office. The office is located in the Parks, Forestry and Recreation Building at the Knoll Park & Country Club, opposite the Parsippany Community Center.

Hours are weekdays from 8AM to 5PM.
Telephone: 973-263-7257
Email: recreation@parsippany.net

