

# Lower Saucon Township

3700 Old Philadelphia Pike . Bethlehem, PA 18015 . Phone: 610-865-3291  
Fax: 610-867-3580 . www.lowerSauconTownship.org



Township Use Only

Date Received: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_  
Check # \_\_\_\_\_ Cash \_\_\_\_\_  
Accepted By: \_\_\_\_\_

## REQUEST FOR FIELD USE

Please print or type all information

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Organization: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License # \_\_\_\_\_

Township Organization  Yes  No

Township Resident (ID Required)  Yes  No

### FIELD REQUESTED

#### Town Hall Park

Ballfield\*  Multi-Purpose Field 1\*  Multi-Purpose Field 2\*

#### Polk Valley Park

Ballfield 1\*  Ballfield 2\*  Multi-Purpose Field 3\*  Multi-Purpose Field 4\*  Multi-Purpose Field 5\*

#### Southeastern Park

Ballfield\*

#### Easton Road Field

Ballfield\*

#### Steel City

Ballfield\*

#### Required for approval\*

Roster  Game Schedules  Certificate of Insurance

Day(s) Requested:  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Type of Activity: \_\_\_\_\_

Date(s): From \_\_\_\_\_ To \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_ Est. # of Users \_\_\_\_\_

IN CONSIDERATION of the opportunity afforded me to enter and utilize the Lower Saucon Township Park and Recreation Facilities, and to participated in the events and activities located therein and thereon, I hereby assume all risk of loss or injury to my person and property that may be sustained in connection with such utilization, events, and activities. I acknowledge that I have been given the opportunity to inspect the Parks and Facilities prior to my use and my use thereafter indicates my satisfaction with the condition of the same. I, for myself, my heirs, administrators, executors and assigns, do hereby release, remise, and forever discharge and hold harmless the TOWNSHIP OF LOWER SAUCON, its agents, servants, employees, elected officials, and professional consultants of and from all claims, demands, actions and causes of action of any sort, for any injury to my person, and/or damages to my property arising from my use of the Lower Saucon Township Park and Recreation Facilities. I intend by signing this RELEASE AND WAIVER to release and waive all claims for negligence or any other basis for liability against Lower Saucon Township for injury to my person and/or damage to my property whether or not such claims are based solely or in part on the conduct of Lower Saucon Township, its agents, servants, employees, elected officials, and professional consultants.

I acknowledge that I have read and understand the Parks & Athletic Facilities Use Policy

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature