

## 24th Annual Mahwah Day **Non-Profit Participant Form** Saturday, September 22, 2018

Business Address:	
	_
Phone:(Day)	(cell)
E-Mail Address:(Most of our communica	ation via e-mail. Please be sure to fill out your address.)
etc,). Also provide a brief des If you do not have specifics n more information becomes a	gory of your participation (food booth, game booth, clothing, scription of what you will be doing as a Mahwah Day participant. now, fill out the top portion of the form and update it later as available. If water or electricity is needed, or you require at and be sure to speak to a committee member at the library est can be accommodated.
Category:	
Brief Description:	
Special Requirement Request	: <u> </u>
Please note: Tables, chairs ar	nd tents are not provided. All participants must remain set up

until 5pm.

Will you participate in the parade? YES / NO, as marchers or with vehicle? You will be contacted by Debra Burns, Parade Coordinator, prior to the event for staging instructions. Any question about parade, please email dburns@mahwahtwp.org.

Please return this form, the attached Hold Harmless Agreement and proof of insurance to the following address: Township of Mahwah, Recreation Department, 475 Corporate Drive, Mahwah, NJ 07430 Attention: Dennis Burns

## TOWNSHIP OF MAHWAH, 475 CORPORATE DRIVE, MAHWAH, NJ 07430



In order for your group to participate in Mahwah Day, the following information must be provided:

- 1. Participant Form (Included in packet)
- 2. Hold Harmless Agreement with original signatures (Included in packet)
- 3. Certificate of Insurance- This document is obtained from your insurance company.

The Certificate of Insurance must have the following wording:

**<u>Certificate Holder</u>**: Township of Mahwah

475 Corporate Drive Mahwah, NJ 07430

<u>Description of Operations</u>: Evidence of insurance for participation in Mahwah Day 2018. Township of Mahwah is additional insured. Hold Harmless agreement in favor of certificate holder is acknowledged.

Policy Expiration Date: Must be dated after September 22, 2018.

All forms, along with your sponsorship check, should be mailed to:

Township of Mahwah Recreation Department 475 Corporate Drive Mahwah, NJ 07430 Attention: Dennis Burns



## **HOLD HARMLESS AGREEMENT**

## BETWEEN THE TOWNSHIP OF MAHWAH AND

(ORGANIZATION NAME)	
(ADDRESS, NOT A POST OFFICE BOX)	
(PHONE NUMBER)	
(ORGANIZATION TYPE, IE INDIVIDUAL, PARTNERSHIP, NON-PROFIT CORPORTION, CORPORATION, PUBLIC ENTITY)	

In consideration of the use of <u>Commodore Perry Field</u> on <u>Saturday</u>, <u>September 22, 2018</u>, <u>raindate 9/23/18</u> for the purpose of <u>Mahwah Day</u> the undersigned agrees to indemnify and hold the Township of Mahwah and its officers, agents and employees harmless from any and all liability, claims, costs and attorney's fees arising out of the use of the above-referenced property.

I understand that this hold harmless agreement also requires that the Township of Mahwah is indemnified from any losses or damages resulting from the acts or omissions of any guest, participant, visitor or other person attending the event herein referenced. Unless waived in writing by the Township of Mahwah, I agree to furnish a Certificate of Insurance specifically naming the Township of Mahwah as an additional insured providing general liability, bodily injury and property damage coverage with minimum limits of liability not less than \$1,000,000 combined single limit. Said certificate shall state that "the issuing company shall mail any change or cancellation with 30 days written notice to the certificate holder named, certified mail, return receipt". It shall also contain a statement acknowledging this hold harmless agreement. No exceptions or limitations will be accepted.

In order to induce the Township of Mahwah to accept this hold harmless agreement the following information concerning the intended use of the premises is furnished:

- Alcoholic beverages will not be served
- Total number of persons anticipated is N/A
- Live entertainment will be provided

(Continued on other side)



Signed this	day of	2018, as the binding act in deed.
(NAME OF	ORGANIZATION	N)
(AUTHORIZ	ZED SIGNATURI	E)
(AUTHORIZ	ZED NAME PRIN	VTED)
	<del>(</del>	WITNESS SIGNATURE)
	- (	WITNESS NAME PRINTED)

NOTE: Certificate of Insurance shall be in original form. No photocopies or fax copies shall be accepted. It shall also be signed in ink by the authorized person.