



VILLAGE OF FORT EDWARD

118 Broadway, P.O. Box 345, Fort Edward, N.Y. 12828

Phone (518) 747-4023 ♦ Fax (518) 747-0476

www.villageoffortedward.com

FACILITY USE PERMIT

Today's Date _____ Date Requested _____

Facility Requested _____

Information About Your Group

Name of Organization or Individual _____

Time _____ to _____ President / Individual in Charge _____

Telephone (day) _____ Telephone (cell) _____

Mailing Address _____

Email Address _____

Information About Your Intended Use of Municipal Facilities

Proposed Use _____

Total Participants Adults _____ %age of FE Residents _____

Children _____ %age Non Residents _____

Is an admission fee charged Y / N If so, what will proceeds be used for? _____

Agreement

The undersigned is over 21 years of age and has read the attached regulations and agrees to comply with them. He/She agrees to be responsible to the municipality for the use and care of the facilities. He/She, on behalf of the _____ Organization Name does hereby covenant and agree to defend, indemnify and hold harmless the Village of Fort Edward from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of the Village of Fort Edward's property, facilities and/or services by the _____ Organization Name.

Entity's Representative- Print

Address: _____

Phone: _____

Entity's Representative- Signature

Date: _____