



ROCKY HILL PARKS AND RECREATION DEPARTMENT

761 Old Main Street, Rocky Hill, CT 06067
Phone: (860) 258-2772 Fax: (860) 258-7666
Email: rockyhillparksandrec@rockyhillct.gov



FIELD USE PERMIT FORM

PRIMARY CONTACT INFORMATION

Applicant/Organization _____
Address _____
Telephone (Daytime) _____ **Telephone (Evening)** _____
Primary Contact _____ **Email** _____
Address _____ **Telephone** _____ **Fax** _____

RENTAL INFORMATION

Field Requested _____ **Time Start** _____ **Time End** _____
Dates to be used _____
Attendance _____
Percentage of Rocky Hill Residents _____
Other Notes/Requests _____

READ CAREFULLY AND SIGN BELOW

Assumption of Liability: Participation in any activity, facility or field use may involve risk or injury. As a parent/guardian or participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge, and hold harmless the Town of Rocky Hill, its employees, contracted instructors, and volunteers from the liabilities which may occur while renting a field. I understand that the Town of Rocky Hill does not provide accident/medical insurance for the field rental participants. The Parks and Recreation Department reserves the right to photograph program participants for publicity purposes.

Applicant Name _____

Applicant Signature _____ **Date** _____