



**TOWN OF GROVELAND  
HIGHWAY DEPARTMENT  
PARKS & RECREATION**



**FIELD USE APPLICATION**

**PLEASE PRINT**

ORGANIZATION NAME: \_\_\_\_\_ PERSON IN CHARGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BEST NUMBER TO REACH YOU: # \_\_\_\_\_

EMAIL: \_\_\_\_\_ Email for field updates/scheduling (if different): \_\_\_\_\_

**A SEASONAL SCHEUDLE SHALL BE SUBMITTED**

DATE(S) REQUESTED: from \_\_\_\_\_ to \_\_\_\_\_ TIME OF DAY: \_\_\_\_\_ DAY(S) OF WEEK \_\_\_\_\_

**CHECK FIELD SITE(S) REQUESTED**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Pines Area Baseball | <input type="checkbox"/> Pines Area Softball | <input type="checkbox"/> Pines Area Utility Field #1 | <input type="checkbox"/> Pines Area Utility Field #2 |
| <input type="checkbox"/> 150 Center Street   | <input type="checkbox"/> Washington Park     | <input type="checkbox"/> Shanahan Field              |  |

SPECIFY FIELD AREA/ SPACE (if multiple field/area use is proposed): \_\_\_\_\_

**STANDARD CONDITIONS**

1. Closed fields may not be used for any reason. Use of a closed field jeopardizes the safety of all and will require additional maintenance to restore the field to safe conditions.
2. Fields should be closed under any of the following conditions: lightening, heavy rain/downpour of rain, thunder, or severe weather warnings, other conditions that present safety concerns for users/spectators.
3. Trash and Recycling  
Upon completion of a game or practice, the group/team coaches are responsible for the proper removal and disposal of trash associated with their use of the property. All fields and bench areas should be left clean at the end of each use. Waste Management receptacles are conveniently placed at all fields and emptied weekly.
4. Blocking of Emergency Access entrances is strictly prohibited.
5. Please instruct all players, coaches and visitors to drive carefully and no faster than 5 mph when entering and leaving town facilities.
6. PINES RECREATION AREA  
Bathrooms are cleaned and maintained by the Town. They are for your convenience. Please help keep the facilities clean and please do not throw anything in toilet except for toilet paper. If the facilities are abused we will be forced to close the bathrooms.  
**All evening reservation requests for the softball field will require advanced payment of \$25.00 per field requested date that field lights will be used, checks made payable to "Town of Groveland" and is non-refundable if the field use is canceled due to rain or other circumstance.**
7. All the recreation fields are located in residential areas. Please be respectful of neighbors and the neighborhood.

**FEE STRUCTURE (Check one)**

- |                          |  |                                       |
|--------------------------|--|---------------------------------------|
| <input type="checkbox"/> | Pentucket Youth Leagues - \$200 (one-time fee) |                                       |
| <input type="checkbox"/> | Adult Teams - \$50/game                        | \$50 x # of Games _____ = _____ Fee   |
| <input type="checkbox"/> | Camps/Clinics - \$10/player                    | \$10 x # of Players _____ = _____ Fee |
| <input type="checkbox"/> | Nonresident Groups/Leagues                     | \$100 x #Hours _____ = _____ Fee      |
- (one time use or multiple use) \$100/hour/field

**All in-kind repairs and maintenance shall be communicated to the Town Highway Superintendent. The Highway Department will mow the fields and assist with routine maintenance and repairs as resources allow.**

**CHECK LIST**  
**FIELD PERMITS APPLICATION REQUIREMENTS**

- ☐ COMPLETED & Signed Field Permit Application
- ☐ ATTENDEE ROSTERS
- ☐ SCHEDULE
- ☐ WAIVER RELEASE FORMS per each participant
- ☐ SUBMIT PAYMENT

This permit grants the above-named applicant the non-exclusive right to enter and use certain portions of the Town's property for the purpose of conducting recreational activities. I acknowledge that I am solely responsible for ensuring the safety of those using the Town's property pursuant to this permit and that I am responsible for ensuring that said use is in accordance with all applicable laws, including but not limited to the rules and regulations of the Town of Groveland Parks, and the Bylaws of the Town of Groveland.

The permit holder agrees that no person shall be permitted to participate in activities pursuant to this permit unless and until they have executed the attached Release of Claims, Indemnity and Hold Harmless Agreement.

I understand the Town of Groveland Bylaws prohibits the use or possession of drugs and/or alcoholic beverages on Town property without permission and that this permit does not grant said permission.

I certify that a league representative or I will be present at the site during all activities associated with this permit application. I as the organization representative assume responsibility for the conduct of the group and for the condition of the area upon our departure.

I have read the Standard Conditions and will make players, coaches, league officials, and spectators aware of this information.

SIGNED \_\_\_\_\_ DATED: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Permit: Granted ☐ Denied ☐ Canceled ☐ Date \_\_\_\_\_ Season \_\_\_\_\_  
Payment Received ☐ Yes ☐ No Amount \_\_\_\_\_ PERMIT# \_\_\_\_\_

## Release of Claims, Indemnity and Hold Harmless Agreement

I, \_\_\_\_\_, in consideration of the opportunity to participate in a sporting event or other recreational activity at the Town's fields (the Program), do hereby release the Town of Groveland, and any employees, agents, officials, representatives, officers, committees, boards, members, sponsors, agents, associates of any status, and volunteers of the Town of Groveland of any and all liability for any and all claims, actions, causes of action, demands, damages, costs, loss of services, expenses and compensation which I may have as the result of my participation in the Program and all activities related thereto. I further acknowledge that participation in the program is voluntary and may expose me or my property to risks of personal injury. I therefore enter this program assuming all risk of injury to my person or property arising from my participation in the Program, and in this regard, assume and agree to pay all medical costs or property damage costs occasioned and thereby releasing the Town of Groveland and any employees, agents, officials, representatives, officers, committees, boards, members, sponsors, agents, associates of any status, and volunteers of the Town of Groveland from and against all claims, damages, injuries or causes of action which I or my heirs, executors, or administrators may have herein. Furthermore, I hereby agree to protect the Town of Groveland and its successors, departments, boards, committees, officers, employees, servants, attorneys and agents against any claim for damages, compensation or otherwise arising out of or resulting from any injury to any party in connection with my participation in the aforementioned Program and to INDEMNIFY, reimburse or make good to the Town of Groveland or its successors, departments, committees, boards, officers, employees, servants and agents any loss or damage or costs, including attorneys' fees, which the Town of Groveland or its representatives may have to pay if any claims or litigation arises from said participation in the aforementioned activities.

I hereby further covenant for myself, my successors and assigns not to sue the said Town of Groveland, or its departments, officers, employees, servants, attorneys, and agents, on account of any such claim, demand or liability.

I am fully aware that by signing this document I am releasing the above mentioned parties from liability that may arise as a result of intentional or negligent acts of these parties. Additionally, it is my intent to release the above mentioned parties from liability relating to any accident and resulting injuries and/or death that may occur while participating in the Program.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Program Participant (Signature)

\_\_\_\_\_  
Program Participant (Printed)