

*INSURANCE REQUIREMENTS*

*We understand all procedures associated with this request and accept the legal and financial responsibilities involved in the use of Township facilities. We also verify that the above activity is fully insured and are providing a **CERTIFICATE OF INSURANCE** evidencing:*

***(FOR GROUPS/LEAGUES):** Commercial general liability insurance with per occurrence and aggregate limits of not less than \$1,000,000.00 which names Whitemarsh Township, its agents, servants, and employees as additional insured.*

***(FOR PRIVATE INDIVIDUALS):** Homeowners/Liability insurance with per occurrence and aggregate limits of not less than \$300,000.00 which names Whitemarsh Township, its agents, servants, and employees as additional insured.*

*We understand that if the regulations governing the use of this facility are violated in any way, the permit is revoked and all fees are forfeited.*

*We assume all risks and hazards incidental to the activity related to this use. To the extent permitted by law, we hereby release, absolve, indemnify, defend and hold harmless the Township of Whitemarsh, the Whitemarsh Parks and Recreation Department, and their agents, servants and employees, from any and all liability due to any damage or injury to any person or property arising from our use of the Township facilities.*

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Signature of Applicant

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Printed Name

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Date