



TOWN OF NEWINGTON

205 Nimble Hill Road Newington, New Hampshire 03801

Town of Newington
Police Department
Fire Department

Phone : 603-436-7640
Phone: 603-431-5461
Phone: 603-436-9441

EVENT PERMIT APPLICATION

The Newington Police Department reserves the right to assign a detail to this event (please initial) _____

INSTRUCTIONS

Please complete this form and return to the above address. You must include:

1. Valid Insurance Certificate naming the Town of Newington named as additional insured.
2. Signed "Release and Indemnification" from organizer.
3. Certification of Participant Release.

APPLICANT INFORMATION

Date of Application: _____

Name of Organization: _____ Phone: _____

Street Address: _____ Fax: _____

City/ Town: _____ Zip: _____

Contact Person: _____ Phone: _____

EVENT INFORMATION

Event Name: _____

Event Location: _____

Date of Event: _____ Start Time: _____ End Time: _____

Number of Participants: _____ Competitive Event? Yes No

Is This Event a Charity Fundraiser? Yes No If yes, to benefit: _____

Type of Event: Running Walking Bicycling Other (describe) _____

Event Description:

Applicant: Please check items submitted

- Valid insurance certificate – Town of Newington named as additional insured
- Signed "Release and Indemnification" from organizer
- Certification of participant release
- Copy of entry form
- Map of route

I certify that the above information is correct under penalty of RSA 641:3, Unsworn Falsification.

Print Name: _____ Signature: _____

RELEASE AND INDEMNIFICATION
For Events Taking Place in Town of Newington

The _____ (organization) releases the Town of Newington and its officers, employees and agents from any and all claims, actions, lawsuits, administrative proceedings, liability, loss or damage, including but not limited to bodily injury, illness, death or property damage (i.e. claims) arising out of or in any way related to the _____ (event) or roads used for the event or any acts or omissions whatsoever of the Town, its officers, employees and agents, related to the _____ (event) or the use of Town property, for the event arising out of negligence, fault, breach of warranty, products liability or strict liability of the Town, its officers, employees and agents or third parties, whether such negligence, fault, breach of warranty, products liability or strict liability is sole, joint or several.

This release includes a release from any and all such claims which might be made by the _____ (organization), its officers, employees, agents or members or by any member of the immediate family of the officers, agents or members of the organization or the heirs, executors, administrators, legal representatives, assigns and successors in interest of all such persons.

The _____ (organization) will defend and indemnify the Town and its officers, employees and agents from any and all liability, loss or damage, including but not limited to bodily injury, illness, death or property damage which the Town becomes legally obligated to pay including reasonable attorneys' fees, investigative and discovery costs and court costs, as a result of claims, demands, costs or judgments against the Town or its officers, employees and agents arising out of or in any way related to _____ (event) or the use of Town roads and streets for the event or any acts or omissions whatsoever of the Town, its officers, employees and agents related to _____ (event) or the use of Town property for the event arising out of the negligence, fault, breach of warranty, products liability of the Town, its officers, employees and agents or third parties, whether such negligence, fault, breach of warranty, products of liability or strict liability is sole, joint or several.

Date: _____, 20____

Authorized Signature

By: _____
Print Name of Above Person

Street Address

City/Town State Zip

STATE OF NEW HAMPSHIRE
ROCKINGHAM, COUNTY

The person signing this Release and Indemnification, known to me or satisfactorily proven to be the same, appeared and signed it before me, and took oath that he/she signed it for the purposes intended and that he/she was duly authorized to sign the Release and Indemnification by the organization named herein.

Date: _____, 20____

Notary Public
My Commission Expires:

