

APPLICATION FOR USE OF CENTER

*****NO FOOD/DRINKS ALLOWED IN CLASSROOM*****

It is the responsibility of the instructor to enforce no food or drinks in the classroom. They are also responsible for keeping their areas clean and return classroom(s) to standard set up at the completion of each day. The instructor will be held accountable for any damage.

Requesting Organization/Department: _____
Address: _____
Telephone #: _____ Fax #: _____
Contact Person (Title/Position): _____
Email Address: _____

Type of Class, Meeting/Seminar
(PLEASE BE SPECIFIC): _____

Dates Requested: _____

Place a check next to requested room(s): (EACH CLASSROOM ACCOMMODATES 35-40 ATTENDEES)

Classroom(s): _____ Conference Room: _____ Cafeteria: _____

Outdoor Training Facilities Required: _____

Number of Attendees: _____ Time: _____ to _____ Number of Days: _____

Will you have any student which would require special consideration during your use of the facility?

YES: _____ NO: _____

Please describe and indicate any special considerations on a separate sheet of paper and fax it along with this application. All requests for accommodations must be made thirty (30) days prior to the use of the facility.

*****ALL AV EQUIPMENT MUST BE SUPPLIED BY REQUESTING AGENCY*****

IT IS AGREED BY THE AGENCY SUBMITTING THIS APPLICATION THAT THEY WILL COMPLY WITH ALL RULES AND REGULATIONS ESTABLISHED BY THE BOARD OF DIRECTORS OF THE ATLANTIC COUNTY ANTHONY "TONY" CANALE TRAINING CENTER. IT IS ALSO UNDERSTOOD BY THE SUBMITTING AGENCY THAT FAILURE TO COMPLY WITH THE RULES AND REGULATIONS THAT ARE ESTABLISHED MAY RESULT IN THE SUSPENSION OF FUTURE PRIVILEGES ASSOCIATED WITH THE ATLANTIC COUNTY ANTHONY "TONY" CANALE TRAINING CENTER.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

PRINT NAME

DATE

(Authorized Representative for Law Enforcement MUST be Chief, Troop Commander, Etc., or application will not be accepted.)

CENTER USE ONLY

Reviewed by Police Training Director

Date Reviewed: _____

Date Received: _____

Approved: YES NO

Approved Dates: _____

Approved By: _____ **Date:** _____

WAIVER AND HOLD HARMLESS AGREEMENT

This waiver and hold harmless agreement is entered into the _____ day of _____, it is given to the County of Atlantic, a Municipal Corporation and Body Politic in the State of New Jersey, hereinafter referred to as "the COUNTY".

This waiver and hold harmless agreement is given by:

NAME:

ADDRESS:

Hereinafter referred to as "USER".

USER, in consideration of the mutual covenants and promises contained herein, hereby agrees for himself or herself, his or her successors, assigns and estate, as follows:

1. USER waives an and all claims, demands, causes of action or rights to sue of whatever nature arising out of USER'S use of any facility or grounds for any purpose.
2. It is hereby understood and agreed that USER herby assumes the entire responsibility and liability for all damages to persons or property caused by, resulting from, or arising from any act or omission on the part of the USER. The USER shall save harmless and indemnify and defend the COUNTY from and against any and all claims arising out of or in connection with any and all such damage, real or alleged; and
3. USER warrants that his waiver and hold harmless agreement constitutes the full agreement between the parties and that there is no contractual relationship implied or in fact between the USER and the COUNTY arising from the use of the premises by USER.

IN WITNESS WHEREOF, the USER has caused this Agreement to be executed on the date and year first written above.

ATTEST:

USER: _____

WITNESS
