

## MERRIMACK PARKS & RECREATION 116 NATICOOK ROAD, MERRIMACK, NH 03054 TELEPHONE (603) 882-1046 FAX (603) 883-5335

www.merrimackparksandrec.org

## ABBIE GRIFFIN PARK RENTAL APPLICATION

Group/Organization Name:			
Contact Person:			
Address:			
Contact's Phone #: (Home)	(Work)	_ (Cell)	
Email Address:			
Date(s) Requested:	Event Start Time: Event End Time:		
Estimated number of people:	Do you need access to	electricity? Yes:	No:
Purpose of Event:			
ABBIE GRIFFIN	PARK - FACILITY RULES & R	EGULATIONS	
<ul> <li>Nails and/or tacks are prohibited at the Area must be left as clean as it was form.</li> <li>There are no bathrooms in the park. Or renting their own porta potties and has a Depending on the number of participal police presence at your event.</li> </ul> RELEASE AND WAIVED	ound Groups wishing to have bathrooms a aving them removed at the conclusio	vailable for their even n of the event. be required, at your e	expense, to arrange for
In consideration of the permission granted to Merrimack's property known as ABBIE Glemployees and agents from any and all liable while participating in said recreational activition and agents, and waive all claims and the right. We further agree to indemnify the town, the including but not limited to bodily injury, if they may become legally obligated to pay as use of ABBIE GRIFFIN PARK, whether or whether or not liability is sole, joint or several they read this form and understand all its to	RIFFIN PARK, we the below signal polity for injury or death which may be sities, whether or not caused by the set to sue to which we may otherwise be seir officers, employees and agents allness, death or property damage, and a result of claims, demands, costs not negligence of the town, their official.	the hereby release the besustained by any negligence of the town be entitled as a result of from any and all liable dreasonable attorney or judgment against the ficers, employees and a	e town, their officers, member of our group h's officers, employees of such injury or death. bility, loss or damage, y fees and costs which hem arising out of our agents is involved, and
I have read this form and understand all its texecute it voluntarily and with full knowledge	• •	granted by the above	e listed group. I hereby
Signature:		Date:	
<b>Completed forms can be mailed our dropp</b> Faxed to 603-883-5335 or emailed to: mcasp		eation, 116 Naticook F	Road, Merrimack, NH;
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