

Event Application - Sidney Veterans Memorial Park & Village of Sidney, NY

(Must be submitted to the SVMMPA at least 30 days prior to Requested Date of Event)

Application Submission Date: _____ Requested Event Date: _____

No application fee, however donations greatly appreciated. Make payable to SVMMPA

Describe Event in Detail: _____

IF event is to recognize or memorialize a veteran for any reason, please provide the following:

Full Name of Veteran: _____

Rank/Rate: _____ Service Branch: ___ USA, ___ USN, ___ USMC, ___ USAF, ___ USCG, ___ USSF

Years of Service: _____

NOTE:

1. If event is to recognize or memorialize a veteran for any reason, a copy of an official document indicating the veteran was honorably discharged or retired from military service shall be attached to the Event Application when the application is submitted;
2. Unless the veteran has a plaque installed in the park; and, if the veteran's personal military decorations are to be mentioned and/or displayed in any manner, copies of official documentation of awards to be mentioned and/or displayed shall be attached to the Event Application (ex. DD214's, award citations, etc);
3. Please, redact (black-out) Social Security Numbers from copies of documents being submitted with the Event Application;
4. At least one member of the Sidney Veterans Memorial Park Association (SVMMPA) *shall* be in attendance at the event; and, a representative of the Village of Sidney may be in attendance.

Total # of Expected Participants/Attendees: _____ Time of Event: Start: _____ End: _____

Check if Sponsored by: ___ Individual/Family ___ Organization

Name of Individual/Family or Organization: _____

Responsible Sponsor Representative to be In-charge & On-site during the Event:

Full Name: _____ Phone #: (___) ___ - _____

Address: _____

Email: _____

ACKNOWLEDGEMENT & ACCEPTANCE OF RESPONSIBILITY & RELEASE OF LIABILITY

In consideration of being allowed to conduct the above noted event at the Sidney Veterans Memorial Park in the Village of Sidney, New York,

I, the undersigned (BELOW), acknowledge, appreciate, and agree that:

- 1. I will be personally responsible for ensuring that the park will be left in the same clean condition as found prior to the event; and,
- 2. That I will be personally responsible for any damage done to the park during the event; and,
- 3. I, for myself and on behalf of my family, attendees, or organization that I represent, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS, both the SIDNEY VETERANS MEMORIAL PARK ASSOCIATION and the VILLAGE OF SIDNEY, NEW YORK, their officers, board members, officials, agents and/or employees, activity leader(s), and other participants and attendees, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to persons or property associated with the noted EVENT above, WHETHER ARISING FROM THE NEGLIGENCE OF PERSONS ATTENDING THE EVENT, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

_____ Age: _____
(Print Name of Responsible Individual/Family Member or Organization Officer)

(Print Title)

(Signature of Responsible Individual/Family Member/Organization Officer)

Submission Instructions:

Submit 2 copies of the Event Application with any other required documents (1 copy for SVMPA, 2nd copy for Village of Sidney), along with any Donation made payable to SVMPA, to:

Sidney Veterans Memorial Park Association
P.O. Box 632, Sidney, New York 13838
Attn: Bob Smith, Treasurer

You will be notified IF your event has been approved within 10 days of receipt of application.