



# GALLOWAY TOWNSHIP

621W. White Horse Pike, Egg Harbor, NJ 08215

Phone : (609) 568-6167 Fax: (609) 568-5325

Web: [www.gtnj.org](http://www.gtnj.org) E-Mail: [communityservices@gtnj.org](mailto:communityservices@gtnj.org)

## Playground Rental Instructions

Thank you for your interest in holding an event or party at a Township owned playground. Attached are the materials needed to obtain an approval. Please follow the application directions very carefully. This page explains all procedures and rules associated with the intended use and is yours to keep for informational purposes.

### Requirements & Procedures:

- Any person wishing to sponsor a special event or party shall file an application at least 30 days prior to the requested date. **Prior to Submission, please contact Community Services to verify that your date is available @ 609-568-6167 . The Application must be completed in its entirety.**
- The playground rental application will be reviewed Galloway Township Community Services.
- The applicant shall comply with all the applicable Township ordinances, code, conditions and requirements. **PLEASE NOTE... (Ordinance § 261-1.B1) ALCOHOLIC BEVERAGES ARE PROHIBITED ON/IN ANY TOWNSHIP OWNED/OPERATED PLAYGROUND. NO DOGS ARE PERMITTED AT PARTIES. Grills/Open Flames are not permitted at Imagination Station.**
- INSURANCE REQUIREMENTS...**Insurance is required under all circumstances for approval.**
  - **Businesses/Schools/Groups Playground Rental Applicants** are required to provide a certificate of insurance which shows a minimum of \$1 million in General Liability Insurance listing "Township of Galloway, 300 E. Jimmie Leeds Road, Galloway, NJ 08205" as additional insured. The description on the certificate must include specific dates, event type & locations.
  - **Individual Playground Rental Applicants** are required to provide a copy of their Homeowners/ Renters Insurance One Day Insurance Certificate showing a minimum of \$100,000 in General Liability also available @ [www.ebi-ins.com/tulip](http://www.ebi-ins.com/tulip) (Facility ID GNTI-882) name your event (last name, park name & date). Minimum policy cost \$103, *please note, the Township does not receive any funding from this site, it is simply offered as a courtesy.* Your insurance provider can also issue the same one day policy, call for pricing.  
**The description on the certificate must include specific dates, event type & locations.**  
\* Each event is evaluated on its risk exposure, all events must have a certificate, some may require a higher limit of insurance.
- All Applicants must sign a "Hold Harmless Agreement/Affidavit" indemnifying the Township of Galloway, which is provided as part of the application.
- **Fees are required for use of Township property (ordinance 1901), park usage or field usage: \$30 Galloway Residents & \$50 non Residents; \$100 Businesses/Camps/Pre-schools/Schools; Checks made payable to GTCSEF/Playground Usage.**
- Applicant is required to bag & remove all trash/recycling. Electric is not available at any Playground site. **Helium Balloons/Inflatable's are NOT Allowed at Playgrounds for any reason.**
- **Pine Needle Park requires a Key Deposit of \$25 for the restroom facilities** (locked for security purposes). **This payment must be turned in to receive the key on the business day prior to the event** (checks can be made payable to GTCSEF), key must be turned in by the first business day following the event for deposit to be returned.

# GALLOWAY TOWNSHIP

## Playground Rental Application

### APPLICANT:

Applicant Name: \_\_\_\_\_

Applicant Full Address: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

### SPONSORING ORGANIZATION/BUSINESS (if applicable):

Name of Organization: \_\_\_\_\_

Full Address: \_\_\_\_\_

Is the organization registered with the State of New Jersey as a non-profit organization?

Yes  No  If yes, please provide a copy of their 501-C3 for our records.

### PLAYGROUND PARTY INFORMATION:

ON SITE CONTACT day of event: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

\* Any change in the above information, please notify the approving department immediately.

Is this event a fundraiser? Yes  No  Beneficiary: \_\_\_\_\_

Playground Use Location: **\$30.00 Galloway Resident Use & \$50.00 Non Resident;**  
**\$100.00 Businesses/Camps/Pre-school/Schools/Churches**

Imagination Station II  Pine Needle Park  Veteran's Memorial Park  Wrangleboro Road Park

Other \_\_\_\_\_

Description of Use:

Children's Party  Meeting  Field Trip  Block Party  Other \_\_\_\_\_

Type of Activity: \_\_\_\_\_

Estimated # of Participants: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Will Children be present? Yes  No  If so, what ages: \_\_\_\_\_

\* Please note attendance exceeding 999 people will require another application & further review.

**PLAYGROUND PARTY INFORMATION:**

Event Date(s): \_\_\_\_\_ Time: (please circle) 11 am-3 pm or 4 pm-7 pm

\* Please note we are unable to provide rain dates, all dates are subject to approval and are based on 1st come, first served.

Set Up Time(s): \_\_\_\_\_ am/pm Take Down Time(s): \_\_\_\_\_ am/pm

Description of Party Set Up: \_\_\_\_\_

\_\_\_\_\_

\* Please attach additional sheets as necessary \*

Will there be an entrance or registration fee? Yes  No  Amount: \$ \_\_\_\_\_

**HOLD HARMLESS AGREEMENT/AFFIDAVIT:**

For the purposes of Contractual Liability Coverage's under this policy the following Indemnification Agreement is recited as required under contract with the Township of Galloway, County of Atlantic.

My organization and/or myself, \_\_\_\_\_ agree to Indemnify and Hold Harmless the Township of Galloway, County of Atlantic, including all elected/appointed officials, all employees, volunteers, all boards/commissions, and/or authorities from any and all claims arising out of the negligence of the Insured's operations.

The above recited indemnification wording does not amend, extend or alter the coverage afforded by my organizations policy. Notwithstanding any requirement, term or condition of any contract or document to which this endorsement may pertain, the insurance afford by this policy is subject to all terms, exclusions and conditions of this policy.

I further agree that my organization and/or I have reviewed and will adhere to Governor Phil Murphy's Executive Order No. 149 and any subsequent Executive Orders, The Centers for Disease Control and Prevention guidelines, and the New Jersey Department of Health guidelines for Coronavirus disease 2019 ('COVID-19') in all aspects while I and/or my organization are using Township facilities and/or equipment. Furthermore that I shall Hold Harmless and indemnify the Township of Galloway from any and all liabilities for any and all claims related to COVID-19.

Everything that I have stated on this application is correct to the best of my knowledge. I have read, understand, and agree to abide by the policies and rules and regulations listed on this form as they pertain to the requested usage. All programs and facilities of the Township of Galloway are open to all residents regardless of race, sex, age, color, religion, national origin or handicap.

Name of Applicant: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Submitted: \_\_\_\_\_

Playground: Imagination Station II  Pine Needle Park  Glenn Park  Wrangleboro Road Park

Insurance:  Certificate of Liability  Homeowners/Renter's Insurance

Policy Coverage: Start: \_\_\_\_\_ End: \_\_\_\_\_

Hold Harmless/Affidavit Signed

Approved Date: \_\_\_\_\_ Time: \_\_\_\_\_ Type: \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Galloway Resident \$30  Non Resident \$50  Business/School/Camp \$100

Received date: \_\_\_\_\_ Cash/Check#: \_\_\_\_\_ By: \_\_\_\_\_

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APPROVED  DENIED

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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~ Key Deposit Required Yes  No

Received date: \_\_\_\_\_ Cash/Check#: \_\_\_\_\_ By: \_\_\_\_\_

Key #: \_\_\_\_\_ Date Deposit Returned: \_\_\_\_\_ By: \_\_\_\_\_