



Town of Old Saybrook

Parks and Recreation Department

308 Main Street • Old Saybrook, Connecticut 06475 • Tel: 860 395-3152 • Fax: 860 395-3154

Facility and Area Reservation Form

Applicant / Organization

Today's Date

Individual Responsible

Contact E-mail Address

Contact Phone Number

Street Address

Town

State

Zip Code

Select a Facility

Area of Facility reserved

% of Old Saybrook
Members

Date of
Event

Start Time
of Event

End Time of
Event

Number of
Attendees

Age of
Participants

Adult/Child
Ratio

Activities Planned

Any person issued a permit shall observe all rules, regulations and ordinances adopted by the Town of Old Saybrook and the Parks and Recreation Commission. The person to whom a permit issued shall agree to be liable for any loss, damage or injury sustained by any person or property whatever by reason of negligence on the part of any person engaged in the activity being sponsored under the permit. The applicant agrees to hold the Town of Old Saybrook and any of its agents and employees harmless for any and all losses caused by the permittee or any person engaged in activity being sponsored under the permit. I certify that I am 18 years of age or older.

I (Applicant/Organization) have read and understand the [State of Connecticut Sector Rules for reopen](#) and [State of Connecticut Executive Orders](#) and will adhere to all guidelines contained within that document. In addition, I (Applicant/Organization) understand it is our responsibility to stay up to date and comply with any updates that are made to the [State of Connecticut Executive orders](#) and [State of Connecticut Sector Rules for Reopen](#).

I (Applicant/Organization) understand that the Town of Old Saybrook will not assist in administering any of the requirements contained within the above referenced documents including, but not limited to, cleaning, disinfecting, sanitizing, training, tracking, certifying, ventilating, signage, social distancing, layout or modifications to the existing spaces.

Any costs incurred to ensure the compliance of [State of Connecticut Executive Orders](#) and [State of Connecticut Sector Rules of Reopen](#) will be the sole responsibility of the applicant/organization.

Applicants name

Signature of Person Responsible

Date

By filling out this form, you have not reserved the facility or area. The form needs to be approved by OSPR management. An approved copy of this form will be mailed electronically back to you, at that point, you have the rights to the facility or area on your reserved date and time.

For Department Use Only

Approved _____ Denied _____ Signature: _____ Date:

Certificate of Insurance Yes Date Received
No

Fee: Yes Amount: Date Received
No