



# TOWN OF NEWINGTON

205 Nimble Hill Road Newington, New Hampshire 03801

Town of Newington  
Police Department  
Fire Department

Phone : 603-436-7640  
Phone: 603-431-5461  
Phone: 603-436-9441

## EVENT PERMIT APPLICATION

The Newington Police Department reserves the right to assign a detail to this event (please initial) \_\_\_\_\_

### INSTRUCTIONS

Please complete this form and return to the above address. You must include:

1. Valid Insurance Certificate naming the Town of Newington named as additional insured.
2. Signed "Release and Indemnification" from organizer.
3. Certification of Participant Release.

### APPLICANT INFORMATION

Date of Application: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City/ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

### EVENT INFORMATION

Event Name: \_\_\_\_\_

Event Location: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Competitive Event?  Yes  No

Is This Event a Charity Fundraiser?  Yes  No If yes, to benefit: \_\_\_\_\_

Type of Event:  Running  Walking  Bicycling  Other (describe) \_\_\_\_\_

Event Description:

Applicant: Please check items submitted

- Valid insurance certificate – Town of Newington named as additional insured
- Signed "Release and Indemnification" from organizer
- Certification of participant release
- Copy of entry form
- Map of route

I certify that the above information is correct under penalty of RSA 641:3, Unsworn Falsification.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_





**RELEASE AND INDEMNIFICATION**  
For Events Taking Place in Town of Newington

The \_\_\_\_\_ (*organization*) releases the Town of Newington and its officers, employees and agents from any and all claims, actions, lawsuits, administrative proceedings, liability, loss or damage, including but not limited to bodily injury, illness, death or property damage (i.e. claims) arising out of or in any way related to the \_\_\_\_\_ (*event*) or roads used for the event or any acts or omissions whatsoever of the Town, its officers, employees and agents, related to the \_\_\_\_\_ (*event*) or the use of Town property, for the event arising out of negligence, fault, breach of warranty, products liability or strict liability of the Town, its officers, employees and agents or third parties, whether such negligence, fault, breach of warranty, products liability or strict liability is sole, joint or several.

This release includes a release from any and all such claims which might be made by the \_\_\_\_\_ (*organization*), its officers, employees, agents or members or by any member of the immediate family of the officers, agents or members of the organization or the heirs, executors, administrators, legal representatives, assigns and successors in interest of all such persons.

The \_\_\_\_\_ (*organization*) will defend and indemnify the Town and its officers, employees and agents from any and all liability, loss or damage, including but not limited to bodily injury, illness, death or property damage which the Town becomes legally obligated to pay including reasonable attorneys' fees, investigative and discovery costs and court costs, as a result of claims, demands, costs or judgments against the Town or its officers, employees and agents arising out of or in any way related to \_\_\_\_\_ (*event*) or the use of Town roads and streets for the event or any acts or omissions whatsoever of the Town, its officers, employees and agents related to \_\_\_\_\_ (*event*) or the use of Town property for the event arising out of the negligence, fault, breach of warranty, products liability of the Town, its officers, employees and agents or third parties, whether such negligence, fault, breach of warranty, products of liability or strict liability is sole, joint or several.

Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Authorized Signature

By: \_\_\_\_\_  
Print Name of Above Person

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town                      State                      Zip

STATE OF NEW HAMPSHIRE  
ROCKINGHAM, COUNTY

The person signing this Release and Indemnification, known to me or satisfactorily proven to be the same, appeared and signed it before me, and took oath that he/she signed it for the purposes intended and that he/she was duly authorized to sign the Release and Indemnification by the organization named herein.

Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires:

