



# Filming Permit

BOROUGH OF SEASIDE PARK

Ocean County, New Jersey

1701 N. Ocean Avenue, Seaside Park, New Jersey 08752

(732) 793-3700

Fax: (732) 793-3737

Please staple all pages together in proper order. Answer all questions fully in neat print writing or attach a word document with the answers following the page the questions correlate to. The more detail and information provided can expedite the review process. The processing fee for this application is:

**For Profit: \$200.00** \_\_\_\_\_ **Non-Profit: \$50.00** \_\_\_\_ **Fed. ID No.** \_\_\_\_\_

Please make payable by check, cash or money order to **The Borough of Seaside Park.**

Name of Individual Completing this Application: \_\_\_\_\_

Type of Production (circle one) Telephone Number (Work) \_\_\_\_\_

A. Student

B. Minor (1 to 29 people)

C. Major (30+ people)

Telephone Number (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Address of Company/Organization: \_\_\_\_\_  
Street City, State Zip

Location(s) Desired: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List All Dates and Times: \_\_\_\_\_  
\_\_\_\_\_

Set Up Time (please write the earliest time): \_\_\_\_\_ Break Down Time (please write the latest time): \_\_\_\_\_

Rain or Cancellation Dates: \_\_\_\_\_

### OFFICIAL USE ONLY

<u>APPLICATION</u>	<u>PAYMENT</u>	<u>HOLD HARMLESS</u>	<u>INSURANCE</u>	<u>ADDITIONAL COMMENTS</u>



HOLD HARMLESS AND INDEMINIFICATION AGREEMENT

BETWEEN

BOROUGH OF SEASIDE PARK, a municipal corporation of the State of New Jersey,  
having offices at 1701 North Ocean Avenue, Seaside Park, NJ 08752

AND

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Outside Organization utilizing Municipal Property or Facilities

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Address (Not Post Office Box)

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Telephone Number

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Organization Type (Individual(s), Partnership, Corporation (Profit), Corporation (Not-for-Profit), Association, Limited Liability Company, Club, Public Entity)

In consideration of the use of municipal property or facilities on \_\_\_\_\_, 20\_\_\_\_, the undersigned Outside Organization agrees to indemnify and hold harmless the Borough of Seaside Park, its officers, agents and/or employees from any and all liability, claims, costs, including reasonable attorney’s fees, arising out of the use of municipal property or facilities by this Outside Organization.

The undersigned understands and acknowledges that this hold harmless and indemnification agreement requires that Seaside Park be indemnified from any losses or damages resulting from the acts or omissions from any guest, participant, visitor, or other person attending the event referred to in this agreement. This hold harmless and indemnification agreement shall I also pertain to any claims due to Seaside Park’s negligence. The undersigned further agrees to release any claim that they may now have or have in the future against Seaside Park relating to the use of municipal property or facilities, including claims due to Seaside Park’s negligence.

The undersigned further agrees to furnish Seaside Park with a Certificate of Insurance naming the Borough of Seaside Park as an insured party. The Certificate of Insurance must evidence the provision of general liability, bodily injury and property damage coverage with minimum limits of liability not less than \$1,000,000 single incident/\$2,000,000 aggregate.

Certificate of Insurance  
BOROUGH OF SEASIDE PARK

Applicant must attach a Certificate of Insurance, **directly after this page**, which shows proof of insurance coverage for general liability, bodily injury, and property damage with minimum limits of liability no less than \$1,000,000 single incident and \$2,000,000 aggregate. The Certificate must name:

THE BOROUGH OF SEASIDE PARK  
1701 N. Ocean Avenue  
Seaside Park, New Jersey 08752

as additionally insured. Attach the Certificate of Insurance and fill out the information below as well:

Name of Insurance Company: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_  
Street City/State Zip

Policy Number: \_\_\_\_\_

Coverage Amount(s): \_\_\_\_\_

Expiration Date of Policy: \_\_\_\_\_

Insurance Agent's Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State Zip

