



Ashburn Farm Application for Field Use

Organization Information

Organization Name: _____ Sport/Activity: _____

Organization Address: _____

Organization Phone Number: _____ Email: _____

Liability Insurance Provider: _____ Policy Number: _____

Organization Representative: _____

Representative Address: _____

Representative Phone Number: _____ Email: _____

Approximate Number of Ashburn Farm Residents Enrolled in this Program: _____

Briefly describe the activity that will be taking place on the assigned field(s):

Request for Time

Please indicate the specific dates and time periods requested:

		Available From:	Specific Dates and Times:
Weekday	Monday – Friday	5:00 p.m. – Dark	
Weekend	Saturday	9:00 a.m. – 6:00 p.m.	
Weekend	Sunday	9:00 a.m. – 6:00 p.m.	

* All other times are reserved for open "Home-Owner Use" and should not be considered open for use by teams belonging to participating organizations.

* Baseball field usage will have 5 weekdays time periods and 10-weekend time periods for each day given there is only one field.

Maintenance

Please check any field maintenance capabilities that your organization is willing to provide:

Monthly Topical Fertilization _____

Seasonal Topical Fertilization _____

Watering (as needed) _____

Seed application _____

* Coordination of efforts between organizations may be required and will be developed by the OSC and/or the Field Use Subcommittee along with input from our Property Maintenance Director and Landscape Contractor.

Waiver of Liability

Insurance and Indemnification: Applicant will obtain and maintain a liability insurance policy in the amount of One Million Dollars (\$1,000,000 per incident and \$2,000,000.00 maximum) and name Ashburn Farm Association as additional insured. Applicant will provide a copy of the policy to Ashburn Farm Association upon acceptance of this Agreement and annual renewal notification. Additionally, Applicant agrees to indemnify, defend and hold Ashburn Farm Association, its officers, employees and agents harmless from any liability, suit, action, claim, loss or expense of any kind related in any way to injuries or damage that may occur due to applicants use of the field or other Ashburn Farm Common Area.

Signatures:

Organization President: _____ Date: _____

Title: _____

* Please make sure you have attached any necessary field lining diagrams (with dimensions) and goal requirements.

For Office use only

Accepted by:	Date Accepted:	Pages Attached:
Verification of Insurance:	Verification of Field Diagrams (if applicable):	Allocation of Assignment:

Comments: