

**Tino Leto Field Rental Permit Application & Agreement** (revised 03/24/12)

This form represents a REQUEST to Southern Chester County Soccer Association (SCCSA) from the stated organization through its authorized representative. Approval by SCCSA will not be given until payment (Security Deposit & Rental Fee, if applicable) and proof of liability insurance coverage has been received. Checks must be made payable to "SCCSA". Mail application to: TLF, 101 Winding Lane, Kennett Square PA 19348

Name of Organization/Group:	
Contact Person:	
Address:	
City, State, Zip Code:	
Phone #:	
Cell/Mobile Phone #:	
E-mail:	
Dates of Rental Request:	
Start & End Time (e.g. 9 AM -1 PM):	
Total Hours of Use:	
Total Rental Fee (total hours used x \$25):	
Security Deposit:	
Notes/Special Requests:	

**Liability Waiver and Release:** I, hereby assume all responsibility for, and risks and hazards of, participation in the rental activity planned by my group. In consideration of the Southern Chester County Soccer Association (SCCSA) providing permission to use the facility requested, I, and all members of my rental group, do hereby release, absolve, indemnify and hold harmless the SCCSA and Kennett Area Park Association, including all officials, officers, sponsors, organizers, supervisors, volunteers, participants, and all other agents, of any and all claims, demands, rights, and causes of action of whatever kind and nature, arising from and by reason of, and all known and unknown, foreseen and unforeseen, bodily and personal injuries, damage to property, and the consequences thereof, resulting from participation in the rental activity planned on SCCSA and Kennett Area Park Association facilities.

**Additional Requirements:**

1. The responsibility for carrying appropriate medical plans, including hospitalization, lies with the organization/group applying for rental permit (a copy of the organization/group Certificate of Liability Insurance must be submitted prior to approval of field rental).
2. The organization/group must adhere to the Rules and Regulations for the facility (a copy is available at [www.sccsasoccer.com](http://www.sccsasoccer.com)).

I/We have read and agree to the terms that are set forth in this agreement and verify that I/We have read the above rules & regulations:

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

SCCSA OFFICE USE ONLY    Approved by: _____    Date: _____
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**Refund Policy**

Refunds will be issued with a written request received by SCCSA 14 days prior to the start of the activity. Refund requests received within 14 days of the activity will receive a credit to the customer's account which is valid for one year. *Exception: Events cancelled due to field closure by SCCSA will receive a full refund.*