

Montclair Property Owners Association



Business Use of MPOA Facilities and Other Property Application

Name

Date

Address

Check one: Home Cell Work

Daytime Phone

Email Address

Usage Details

Business Name

Business Type

Date(s)

Location

Time

Please attach a copy of the declaration page of the homeowners/organization insurance policy.

I, the undersigned, have read and understand the rules and regulations for business use of Montclair Property Owners Association ("MPOA") facilities and other property. I have requested business use at a recreation area, facilities and other property owned by the MPOA. I agree that I am responsible and agree to hold harmless the MPOA, its board of directors, officers employees, members and/or agents from any and all injuries, damages, causes of action, claims or obligations, consequential and/or incidental damages and/or costs (including attorney's fees) of defense arising out of or related to any physical injuries (including loss of life) and/or personal property in or about the recreational facilities and surrounding property owned by MPOA, from any action or omission of the sponsor(s), his/her/their family members, agents, employees, invitees, or licensees, or from any cause whatsoever.

Name

Date

Signature

As a participant, I, the undersigned, agree that the Montclair Property Owners Association ("MPOA") has no liability for the activities for which I have agreed to participate in. I hereby indemnify and agree to hold harmless the MPOA, its board of directors, officers, employees, members and/or agents, from any and all injuries, damages, causes of action, claims or obligations, consequential and/or incidental damages and/or costs (including attorney's fees) of defense arising out of or related to any physical injuries (including loss of life) and/or personal property in or about the recreational facilities and surrounding property owned by MPOA, from any action or omission of the sponsor(s), his/her/their family members, agents, employees, invitees, or licensees, or from any cause whatsoever.

Name

Date

Signature

For Office Use Only

Check One: Approved Denied

Reason for Denial

Date