

SPECIAL USE APPLICATION INSTRUCTIONS

1. All requests must be filed on this form and must be signed by the Permittee. Permittee must be at least 18 years of age. ALL UNSIGNED APPLICATIONS WILL BE RETURNED UNPROCESSED.
2. Applications must be submitted at least two (2) full weeks in advance of the requested date and will be processed on a first-come, first-served basis.
3. **ENCLOSE A CERTIFICATE OF LIABILITY INSURANCE NAMING THE REGIONAL TRAIL CORPORATION AS ADDITIONAL INSURED. INSURANCE LIMITS ARE \$1,000,000 EACH OCCURRENCE, \$2,000,000 AGGREGATE.**
4. Return application to: Regional Trail Corporation
Post Office Box 95
West Newton, Pa. 15089-0095
5. Inquiries regarding your reservation should be directed to the Business Manager at 872-5586 Monday-Friday 11 a.m. - 4:00 p.m.
6. The Permittee is bound by all trail rules and regulations.
7. The Permittee hereby agrees to hold the Regional Trail Corp. harmless for any and all claims for damages or injuries to persons or property resulting from the violations of any aforementioned rules, regulations, or ordinances and will be responsible for the group's behavior and/or actions.
8. It is understood that minors will be provided with sufficient adult supervision.

(DETACH AND RETAIN)

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(RETURN THIS PORTION ONLY)
SPECIAL USE APPLICATION

NAME OF INDIVIDUAL OR GROUP _____
 ACTIVITY _____
 APPROX. NO. OF PARTICIPANTS: _____ DATE(S) _____
 AREA: _____ FROM _____ TO _____
 TIME(S) FROM: _____ TO _____ NO. OF ADULT LEADERS _____
 NAME OF PERMITTEE: _____ PHONE NO. _____
 EMAIL ADDRESS: _____

*** SPECIAL REQUESTS *** (Be Specific): _____

I have read and understand the reservation application instructions attached herewith.

SIGNATURE: _____ DATE _____