

RENTAL APPLICATION
The Croton Arboretum and Sanctuary Inc.
POB 631, Croton-on-Hudson NY 10520

Date and hours requested for the activity _____

Person/organization requesting the site _____

Contact information:

Address _____

Phone _____ Cell Phone _____ Email _____

Number of attendees _____

The undersigned, on behalf of myself, guests, administrators and assignees hereby release the directors and members of the Croton Arboretum and Sanctuary Inc. from all claims of damages, demands, actions and causes of action whatsoever that arise from the event or my/our use of the premises. I attest that that participants and guests are able and/or qualified to participate. I have read and understand the above information and the Rules and Regulations for activities on the premises and will abide by them. I understand and agree that I/we are responsible for any damages to the premises that occur in connection with the event or use of the premises. We also agree to provide written proof of liability insurance. I/we agree to prepay the above-described refundable security deposit and user fees.

Date signed _____ Applicant signature _____

Please print applicant name _____

Board of Directors information only

Date approved/rejected _____

Date deposit and user fee received _____