

# Flat Rock Brook Nature Center

## Group Permit

A permit is required for groups of more than 15 who are visiting Flat Rock Brook Nature Center for hiking, walking, independent nature study, filming or any other type of independent class or group outing. The Nature Center is a nature preserve for passive recreation and the quiet enjoyment of nature. Inappropriate uses include active games, loud music, and races and picnics over 15 people. For professional photographers a use fee is required. The Flat Rock Brook Nature Association is required to know what groups are utilizing the property to adequately protect this natural resource.

Group(s) shall indemnify and hold harmless FRB against and from all costs, expenses, liabilities, losses, damages, injunction, suits, actions, fines, penalties, claims and demands of every kind or nature, including reasonable counsel fees, by or on behalf of any person, party or governmental authority whatsoever arising out of any loss or damage to property or injury to persons occurring during or incidental to this event. This contract is not binding until signed by all parties concerned. Nothing implied or expressed verbally shall constitute any changes in this agreement unless agreed to and signed by both parties.

Group(s) must abide by the following park regulations:

- \* Stay on trails at all times. Do not go into brook or ponds. No fishing, no swimming, no boating.
- \* Picnic only in Jones Road picnic area. Groups of under 15 only may use this area. \*Do not litter.  
Dispose of refuse properly. \* No grills, no barbecues, no fires. No dogs. No bicycles No alcohol.
- \* Do not pick plants or disturb the natural habitat in any way. Do not touch, capture, feed or annoy animals
- \* Park open from dawn to dusk and closed at night.

Complete this form where indicated **in bold** and return it to the Flat Rock Brook Nature Association. Upon receipt and approval, a copy will be mailed to you. There is no charge for this permit although a donation to support the center is appreciated.

**Purpose of visit:**

**Date(s) of visit:**

**Time of visit:**

**Name of group:**

**Name of contact person:**

**Group's mailing address:**

**Telephone number(s)**

**Email address:**

**Fax number:**

**Number in group:** \_\_\_\_\_ **Type of transportation:** \_\_\_\_\_ car(s) \_\_\_\_\_ van \_\_\_\_\_ bus

**Where will group be parking:** \_\_\_\_\_ Van Nostrand Avenue lot \_\_\_\_\_ Jones Road

**Insurance Carrier:**

**Policy #:**

**Name of Insured:**

**Type of Policy:**

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

FRB Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

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