CHILMARK COMMUNITY CENTER RENTAL REQUEST FORM

Name(s) of Lessee: Alex Kavaleckus
Address: _____ Telephone #: 508 560 0154
Cell Phone #: _____ Email Address: AlP047@GMAIL.COM
Purpose of Event: Public Music + Potluck for community
Chilmark Resident Sponsor Name, Address & Telephone # (if needed): Warren Doty (508) 627-2200-cell
Chilmark Sponsor Signature (if needed): _____

EVENT DETAILS Nov 3rd, Dec 30th, Jan. 27th, March 3rd, April 14th

Dates Requested:	5 Dates for season	Number attending?	100 - 150 est
Timeframe:	4 - 10 pm	Live Band or DJ?	YES
Rental Fee:	request waiver	Will alcohol be served?*	NO
Cleaning Deposit***	200.00		
Will food be served? Pot luck	If yes, Is the event open to the public** Free & Public!		

*ALCOHOL NOT PREMITTED FOR SALE
** PUBLIC FOOD EVENTS REQUIRE A TEMPORARY EVENT PERMIT FROM THE BOARD OF HEALTH.
*** WHO WILL BE RESPONSIBLE FOR CLEANING UP? PLEASE HAVE THIS PERSON CALL RODNEY BUNKER OUR TOWN BUILDING MAINTENANCE SUPERVISOR THE WEEK PRIOR TO YOUR EVENT. HIS TELEPHONE IS: (508) 645-2100 X 2125

LESSEE'S INDEMNIFICATION AGREEMENT

I _____ (the Lessee) shall, to the maximum extent permitted by law, indemnify and save harmless Town of Chilmark, its officers, agents, suits, proceedings, claims, demands, losses, costs and expenses (including reasonable attorneys' fees) that may arise out of or in connection with the Lessee's lease or use of the Chilmark Community Center for any damage to its real or personal property that occurs in conjunction with the lease or use of the Chilmark Community Center by Lessee, unless the damage is caused by the Town of Chilmark's gross negligence or willful misconduct.

Signature of Lessee: _____ **Date:** _____

***For Special Events, such as Receptions or Parties, we ask that you obtain $1,000,000 Protective Liability coverage for the Center. Please inquire with your insurance company.**

RECREATIONAL AND VOLUNTEERS ACTIVITIES RELEASE FORM

I, the undersigned _____, do hereby consent to my participation in voluntary or recreation programs of the Town of Chilmark's Community Center. I also agree to forever release the Town of Chilmark, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary or recreation programs of the Town of Chilmark from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the Chilmark Community Center voluntary activities or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from participation in the Chilmark Community Center voluntary activities or recreation programs. I further affirm that I have read this Consent of Release Form and that I understand the contents of this Form. I understand that my participation is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate in the Chilmark Community Center as a volunteer or in its recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I suffer in voluntary activities at the Chilmark Community Center.

Participant Signature: _____ **Date:** _____

Event Approved: YES_____ NO_____