APPLICATION FOR THE USE OF THE COMMUNITY HOUSE

Name of Organization requesting use:	
Type of Organization: Town Council/Board/Committee Beverly Shores 501(c)(3) or (4) Organization Dunes Women's Club Beverly Shores Club (not listed above) Beverly Shores Resident	
Reason/Purpose of Use	
Requested Date(s) of Use	
Time you want access to the building Time you will leave the building	_
Time the meeting or activity will begin and end	
Name and contact information of who will be responsible for unlocking/locking building? (This will be the only person given code/key)	
Name and contact information of Individual or Name of Person Representing the Organization	

The Town of Beverly Shores (The Town) requires applicant to remove all garbage and recycling from premises after use.

The Town requires applicant to leave premises in same condition at the beginning of event.

The Town of Beverly Shores does not provide supervision over the meetings or other activities conducted by others within Town owned buildings. To that end, it is not the intention of the Town of Beverly Shores to assume any liability for bodily injury that might occur while Town owned buildings are being used by others. Instead, it is the intent of the Town of Beverly Shores to transfer liability to the resident or the organization that is using the building or facility. Accordingly, please read the following Indemnity/Hold Harmless Agreement.

INDEMNITY/HOLD HARMLESS AGREEMENT: I,		
for myself, and as an authorized representative or a	gent, and on behalf of	
("Orga	anization"), agree that	
Organization will indemnify and hold the Town of Beverly	Shores harmless from all	
claims arising from or in connection (i) with the use, rental or occupancy of the		
Premises, or any condition created in or about the Premise		
Organization; (ii) any act, omission or negligence of myself of	• 0	
partners, directors, officers, agents, employee, guests, or		
Organization; (iii) any accident, injury or damage whatsoe	_	
Premises. I and Organization, hereby expressly indemniful Shores for the consequences of any negligent act or omission.	•	
or employees, unless such act constitutes grossly reckles		
misconduct.	s of willful and wanton	
The signature below will serve as proof that I have read all	the above information and	
understand the intent of the Indemnity/Hold Harmless agreeme	nt.	
Name of Individual or Name of Person Representing the Organ	ization	
Sign Name:		
Office Use Only:		
Insurance form attached		
Amount Dail &		
\$50 refundable deposit Paid		
Approved by:		
Approved by:Clerk-Treasurer	Date	