

Use of the Academy Building Request for Permit

Request:

Facility requested: _____ Meeting room _____ Academy Hall

When: _____
(Date) (Time)

Number of participants _____ Number of vehicles _____

Function or organization: _____

Sponsor or
Point of contact: _____
(Name) (Telephone)

(Mailing Address)

Point of Contact Email address: _____

Best way to reach you? (Circle one) Telephone Mail Email

Detailed explanation of the event:

Will there be a fee for participation in the event? Yes _____ No _____

If yes, see paragraph 4(d) of the “General Use Policies” for the Academy Building.

_____ Insurance Certificate supplied

_____ Certification for instruction

INSURANCE. The User will procure and maintain at its sole cost and expense, comprehensive general liability insurance in which the Town of Lyme is an additional insured with coverage of \$2,000,000 per occurrence. (see sample in cover letter for required information) The User will furnish the Town with a certificate of insurance and endorsement. If you cannot provide proof of

insurance, you can purchase a Tenant User Liability Insurance Policy (TULIP) through a special program. For more information about how to purchase your TULIP please contact Primex at 1-800-698-2364

INDEMNIFICATION AND HOLD-HARMLESS. To the fullest extent permitted by law, User shall protect, indemnify, save, defend and hold harmless the Town of Lyme, including its officials, agents, volunteers and employees (“Indemnified Parties”), from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs, interest and expenses, including but not limited to reasonable attorney and paralegal fees, which Indemnified parties may become obligated or suffer by reason of any accident, bodily injury, personal injury, death of person, or loss of or damage to property, arising indirectly or directly under, out of, in connection with, or as a result of this Agreement or the activities of User or its agents, employees, guests, vendors, contractors or subcontractors, and even if allegedly or actually caused in whole or in part by any negligent or intentional act or omission of Indemnified Parties.

I agree to this Indemnification and Hold Harmless section by signing below:

Applicant Signature: _____ (Date)

Facility use fee and deposit:

Not required: Event sponsored by Town or Lyme School _____

Requesting waiver of deposit and fees _____

Amount attached: Deposit _____
Use Fee _____

Note: Section 4(e) of the LCAB use policy states: the *Lyme Center Academy Building* may not be used during “mud season” due to the use of the lawn for parking. (Generally “Mud season” is defined for this purpose as any time the roads in Lyme are posted with seasonal weight limits. Conditional Permits may be issued during this time depending on the condition of the parking area.

Please note that at other times of the year the use of the facility may be prohibited or events may be cancelled if the conditions of the parking area warrant such action.

Remarks: _____

I _____, the User, agree to the terms of this agreement.

Applicant Signature: _____ (Date)

Staff action: Approved ____ Disapproved ____

Staff signature: _____ (Date)

Referred to: Select Board ____ Police ____ -see page # 4

If referred to the Select Board or
police for:

Fundraiser_____

Parking_____ Other_____

(Date)

(Signature)

Police Department Action (if required):

Approved: _ Disapproved: _____

Remarks: _____

(Date)

(Signature)

Select Board Action (if required):

Approved: _____ Disapproved: _____

Remarks: _____

(Date)

(Selectboard member)

(Selectboard member)

(Selectboard member)

Distribution of completed form:

Applicant
Police
File