Application for Short-Term Private and Community Rentals Heath Town Buildings

Applicants are responsible for reading *Town of Heath Requirements for Use* which outlines types of use and fees before signing and submitting the following three forms:

- 1. Application for Short-Term Private Rentals and Community Use
- 2. Use of Alcohol and Service of Alcohol by the Lessee on Town Property (even if not served)
- 3. Release of Claims, Indemnity and Hold Harmless Agreement

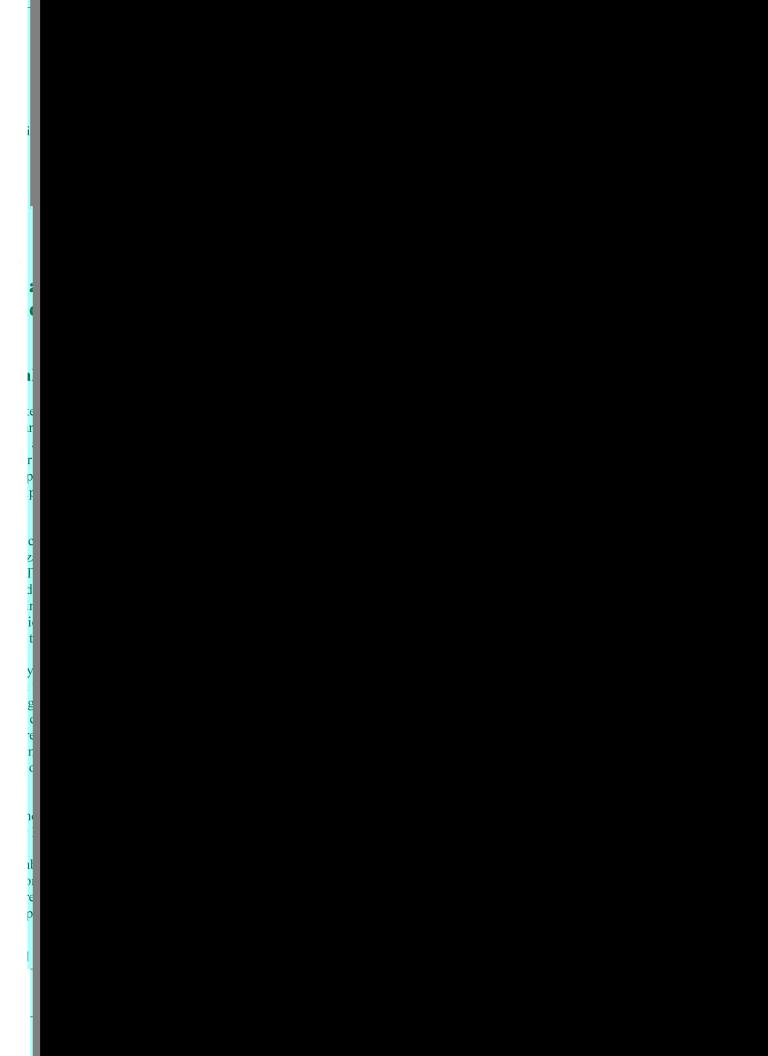
The three completed forms may be submitted in person or by email attachment to the Town Coordinator at the Town Office in Sawyer Hall, or by dropping in the Town drop box to the right of the Post Office entry, or by mailing to School Building Use Committee, c/o PO Box 35, Heath MA 01346. Note: Please just submit the three required forms, not Section 4 of this document.

1. Application for Use

Name of Applicant Laurie Richards	
Name of Second Responsible Adult, if required	
Name of Organization NA	
Address PO Box 242 Conway MA 01341	
Daytime Phone#_413-768-2660 Email_tygertyger108@gmail.com	
Community Funeral or Memorial (No Fee) XPrivate Rental or Community Use	
Purpose	
Caterer use of kitchen for local wedding	
·	
Frequency	
X One-time only Date of event 09/18/2021 Start time 10am End time 5pm	
Regular use Interval (weekly, fortnightly, monthly, every other month)	
Start time End time	
Start date End date	
Expected attendance (maximum) 6	

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Police Detail required?	Ye	es No <u>x</u>		
1. Application for U	Jse (c	ontinued)		
Will minors attend with	hout p	arents? Yes	No X	
Space Requested, chec	k all tl	nat apply:		
Community Hall				
Upstairs	-	Downstairs	Include Kitchen	Kitchen Only
Municipal Building a	t 18 Ja	acobs Road		
Gym	X	_ Kitchen	Cafeteria	Nurses Office
Conf Room		_Office 1	Admin Office	Room 118
Room 119		_Room 121	Room 122	Room 124
Room 126		_Room 130	Room 135	Atrium
Grounds Only		_ Grounds only v	with Bathrooms	
requirements.			equirements for Use and agree to a sibility for the preservation of orce	·
for the injury of the perso Building and its property	ons and and fo	damage to propert r the observance of	y, loss of property that may result fall rules and regulations of the Tose of the Heath School Facilities a	from the use of the Heath Schoo own of Heath and acknowledges
Applicant's Signature _	R	I Liki	chil	Date 6/1/2021
Signature of Additional Adult (if req'd)				Date



Application for Short-Term Private Heath Town Buil

3. Release of Claims, Indemnity and Hold Harm

The Town of Heath is pleased to offer you the opportunity to mak building and grounds at 18 Jacobs Road. These town properties a any particular purpose. The below Release of Claims, Indemnity, Heath and its officials, employees, and volunteers from liability o during or as a result of your use of the property specified in this a liable or responsible for harm to others resulting from your partici if you have any questions regarding this document.

habit of responsible for narm to others resulting from your partici
if you have any questions regarding this document.
Lauria Diakanda
I, Laurie Richards , in
property specified in this application for myself and/or my organiz
hereby acknowledged, do hereby agree to forever RELEASE the
"Releasees"), from any and all claims, actions, rights of action and
expenses, compensation and attorneys' fees that may have arisen i
indirectly, for known and unknown personal injuries or illness wh
my use of the building and/or grounds at the property specified in
I further acknowledge that participation in activities at the propert
expose me, or my property and/or the property of my organization
others. I therefore also promise on behalf of myself, and/or my or
AND HOLD HARMLESS the Releasees against any and all legal
have been asserted in the past, or may be asserted in the future, dir

I hereby further covenant for myself, my successors and assigns ar to sue the said Releasees on account of any such claim, demand or

costs and attorneys' fees arising illness or from exposure to any ill property damage resulting from my participation and/or organizati

I am fully aware that by signing this document I am releasing the a as a result of intentional or negligent acts of these parities. Addition organization to release the above mentioned parties from liability resulting illness, injuries and/or death that may occur while participapplication.

application.	
Witness my	hand and seal this day of _June 1, 20
Print Name	Laurie Richards
Signature	ROE GRichard

application.