



A contemporary artist residency, dance and performance center,  
for Martha's Vineyard and beyond

Post Office Box 405 Chilmark, MA 02535-0405  
(508) 645 - 9662 | email: [info@dancetheyard.org](mailto:info@dancetheyard.org) | [dancetheyard.org](http://dancetheyard.org)

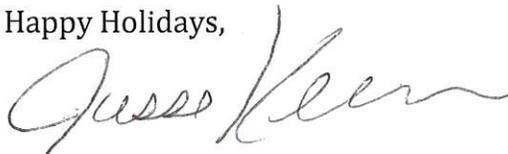
Dear Mr. Carroll and The Chilmark Selectmen,

I am writing on behalf of The Yard to request the rental fee to be waived for the Community Center for an event that will be held there on January 16, 2014 from 7:30PM-10PM. This event will benefit The Yard's dance-making curriculum entitled, Making It, that is being implemented in all the Vineyard public, charter, pre-k, and home schools.

This event will be one of The Yard's **Public Dancing Allowed** nights with special guests, Johnny Hoy and The Blue Fish. This is becoming one of our favorite annual events and usually 40-60 community members come out and dance the night away with us. This evening is not meant to pull in a lot of money for The Yard but to bring awareness to the educational goals we have for the community island wide.

I greatly appreciated the assistance you gave us last year and also in 2011 and I hope you will consider being so kind once again. We hope you will join us on January 16<sup>th</sup>.

Happy Holidays,

 12/17/14

Jesse Keller  
Director of Island Programs and Education  
508-645-9662  
[jessekeller@dancetheyard.org](mailto:jessekeller@dancetheyard.org)



**CHILMARK COMMUNITY CENTER RENTAL REQUEST FORM**

Name(s) of Lessee: The Yard Inc.  
 Address: PO Box 405 Chilmark Telephone #: 508-645-9662  
 Cell Phone #: 419-606-5439 Email Address: jessekeller@dancetheyard.org  
 Purpose of Event: The Yard's Making It Program  
 Chilmark Resident Sponsor Name, Address & Telephone # (if needed): \_\_\_\_\_

Chilmark Sponsor Signature (if needed): \_\_\_\_\_

**EVENT DETAILS**

Date Requested:	<u>1/16/15</u>	Approx. Attendance:	<u>60</u>
Timeframe:	<u>7:30-10PM</u>	Live Band or DJ?	<u>Johnny Hay</u>
Rental Fee:	<u>Requested Waive</u>	Will alcohol be served?*	<u>BYOB</u>
Cleaning Deposit:	<u>ck #6202 \$200</u>	*Alcohol not permitted for sale.	
<b>*If Public Event we require Temporary Food Permit from the Board of Health 14 days prior</b>			

\*\* IF THE CCC IS NOT CLEAN WHEN YOU SET UP FOR YOUR EVENT PLEASE CALL 508 645- 2100 X 2125 AND LEAVE A MESSAGE.

**LESSEE'S INDEMNIFICATION AGREEMENT**

I Jesse Keller (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: Jesse Keller The Yard Date: 12/17/14

**\*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 Jesse Keller, 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: Jesse Keller Date: 12/17/14

Event Approved: YES \_\_\_\_\_ NO \_\_\_\_\_