

## CHILMARK COMMUNITY CENTER RENTAL REQUEST FORM

Name(s) of Lessee: MARTHA'S VINEYARD CHAMBER MUSIC SOCIETY  
 Address: PO BOX 4189 V HAVEN Telephone #: 508 676 8055  
 Cell Phone #: 858 974 5810 Email Address: mvcms@vineyard.net  
 Purpose of Event: SPRING CONCERT - THE RISE QUARTET  
 Chilmark Resident Sponsor Name, Address & Telephone # (if needed):  
JOHN HASKINGS, 8 Abel's Neck RD (617) 710 7676  
 Chilmark Sponsor Signature (if needed): \_\_\_\_\_

### EVENT DETAILS

Dates Requested:	<u>MAY 6<sup>th</sup></u>	Number attending?	<u>~ 100</u>
Timeframe:	<u>12 - 4 PM</u>	Live Band or DJ?	<u>STRING QUARTET</u>
Rental Fee:	<u>500 -</u>	Will alcohol be served?*	<u>maybe wine - TSD</u>
Cleaning Deposit***	<u>WE WILL SET UP &amp; CLEAN UP</u>		
Will food be served?	If yes, Is the event open to the public**		

\*ALCOHOL NOT PERMITTED FOR SALE

\*\* PUBLIC FOOD EVENTS REQUIRE A TEMPORARY EVENT PERMIT FROM THE BOARD OF HEALTH.

\*\*\*CLEANING SERVICE NEEDS TO BE DETERMINED PRIOR TO EVENT

### LESSEE'S INDEMNIFICATION AGREEMENT

I KIM BAUNTOFER (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: Kim Bauntofer Date: 3/15/23

**\*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 and 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: \_\_\_\_\_