

CHILMARK COMMUNITY CENTER RENTAL

4 Dates
"Winter Music PotLucks"

Name(s) of Lessee: Alex Karalekas
Address: _____ Telephone #: _____
Cell Phone #: _____ Email Address: _____
Purpose of Event: Community Potluck Jan
Chilmark Resident Sponsor Name, Address & Telephone # (if needed): Marie Larsen
2 Meneumsha Cross.Rd. 02535
Chilmark Sponsor Signature (if needed): [Signature]

EVENT DETAILS

1/24/24 / 2/24/24 / 3/30/24

Dates Requested:	<u>11/25/23</u>	Number attending?	
Timeframe:		Live Band or DJ?	<u>YES many</u>
Rental Fee:	<u>TBD</u>	Will alcohol be served?*	
Cleaning Deposit***	<u>TBD</u>		
Will food be served? <u>Potluck</u>	If yes, Is the event open to the public**		<u>YES</u>

*ALCOHOL NOT PERMITTED FOR SALE
** PUBLIC FOOD EVENTS REQUIRE A TEMPORARY EVENT PERMIT FROM THE BOARD OF HEALTH.
*** WHO WILL BE RESPONSIBLE FOR CLEANING UP? PLEASE HAVE THIS PERSON CALL RODNEY BUNKER OUR TOWN BUILDING MAINTENANCE SUPERVISOR THE WEEK PRIOR TO YOUR EVENT. HIS TELEPHONE IS: (508) 645-2100 X 2125

LESSEE'S INDEMNIFICATION AGREEMENT

I _____ (the Lessee) shall, to the maximum extent permitted by law Chilmark, its officers, agents, suits, proceedings, claims, demands, losses, co attorneys' fees) that may arise out of or in connection with the Lessee's lease Center for any damage to its real or personal property that occurs in conjunct Community Center by Lessee, unless the damage is caused by the Town of C misconduct.

Signature of Lessee: _____ Date: _____

*For Special Events, such as Receptions or Parties, we ask that yo Liability coverage for the Center. Please inquire with your insura

RECREATIONAL AND VOLUNTEERS ACTIVITIES RELEASE

I, the undersigned _____, do hereby consent to my particip the Town of Chilmark's Community Center. I also agree to forever release employees, agents, board members, volunteers and any and all individuals in any voluntary or recreation programs of the Town of Chilmark from any 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: _____ Date: _____

Saturdays
November 25, 2023
January 20, 2024
February 24, 2024
March 30, 2024

RECEIVED

Event Approved: YES _____ NO _____

SEP 19 2023

Town of Chilmark
Board of Selectmen
Front Desk