

TOWN OF WHITEFIELD

Community Use of Whitefield Fire and Rescue Station Facilities Waiver, Release and Agreement to Hold Harmless

In consideration for being allowed to make use of the Whitefield Fire & Rescue Department station facilities of the Town of Whitefield, the undersigned, for him/herself and the organization named below, hereby agrees to assume all risk of injury, any of the organization's members, participants, guests or others associated with the undersigned (including all risk of injury, harm, damage caused by negligence of the Town of Whitefield, Whitefield Fire & Rescue Department, its officers, agents and members) arising or occurring in connection with the use of fire station facilities. I hereby release and agree to indemnify and hold harmless the Whitefield Fire & Rescue Department and its officers, agents and members from any and all liability, actions, damages and claims of any kind or nature whatsoever (including liability, actions, damages and claims caused by or arising from the negligence of the Whitefield Fire & Rescue Department, its officers, agents and members) for injury or harm to person or property that may arise or occur in connection with use of the fire station facilities.

If any part of this agreement is held to be unenforceable, then all other parts of this agreement shall be enforceable to the full extent permitted by law.

I have read the above document carefully before signing it and sign it voluntarily with full knowledge of its significance. I UNDERSTAND THAT I AM RELEASING, HOLDING HARMLESS AND INDEMNIFYING THE TOWN OF WHITEFIELD, WHITEFIELD FIRE & RESCUE DEPARTMENT AND ITS OFFICERS AND THEIR AGENTS AND MEMBERS FROM ALL HARM ARISING DURING MY/YOUR USE OF THE FIRE STATION FACILITY TO THE FULL EXTENT PERMITTED BY LAW, INCLUDING HARM CAUSED BY THE NEGLIGENCE OF THE WHITEFIELD FIRE & RESCUE DEPARTMENT, ITS OFFICERS OR THEIR AGENTS OR MEMBERS.

Name and address of organization _____

Contact Individual(s) _____

Contact Telephone (required) _____

Printed Name of Individual User
or Authorized Agent or Organization

Signature

Date

USE OF WHITEFIELD FIRE & RESCUE REQUEST FORM

IN THE EVENT OF CANCELLATION: CALL THE TOWN OFFICE AT 207-549-5175

~ This application must be submitted at least 10 days in advance of the event ~

Please print all information

This agreement is made between the TOWN OF WHITEFIELD,
WHITEFIELD FIRE & RESCUE DEPARTMENT and

(Name of individual contracting and the organization represented)

Street Address: _____

Town/City, State, Zip: _____

Telephone: _____ Email: _____

Request Date: _____

(Day of week) (Month) (Date) (Year)

Time: From _____ AM__ PM__ To _____ AM__ PM__

Additional Date: _____

(Day of week) (Month) (Date) (Year)

Time: From _____ AM__ PM__ To _____ AM__ PM__

Description of Use: _____

Approximate number of people involved: _____

Area(s) and/or equipment requested for use (include ALL areas)

Signature of Requestor

Date

Total Fee, if Applicable: _____

Fee Waived__

Signature of Authorizing Agent of Town of Whitefield

Date

___Approved ___Not Approved because: _____