

# Town of Hollis Facility Request Form

OFFICE of the SELECT BOARD  
Town of Hollis  
Seven Monument Square  
Hollis, New Hampshire 03049

Name of Responsible Party: \_\_\_\_\_

Nature of Organization:      Town Committee \_\_\_\_\_      Hollis Resident \_\_\_\_\_  
                                 Hollis Nonprofit \_\_\_\_\_      Community Organization \_\_\_\_\_

Please indicate the facility you are requesting to use:

Lawrence Barn Community Center \_\_\_\_\_      Town Hall Community Room \_\_\_\_\_

Please indicate the nature of your event:

Meeting \_\_\_\_\_      Show/ Exhibit \_\_\_\_\_      Social Gathering \_\_\_\_\_

Other (please describe): \_\_\_\_\_

NOTE: The Town of Hollis does not have a license to show copyrighted movies.

List the date & time of your event: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total number attending: \_\_\_\_\_ Adults: \_\_\_\_\_ Minors: \_\_\_\_\_

Name of Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I have read and understand the Town of Hollis Facility Rental and Usage Policy. I take responsibility to ensure that all participants adhere to the policy. I understand that a Certificate of Insurance must be filed with my requestor I must sign a Facility Use Agreement and Release Indemnification.

By signing this document, I agree that we will provide the appropriate level of risk mitigation including emergency orders, the CDC and the New Hampshire Department of Health & Human Services concerning these activities. I agree to indemnify, defend and hold harmless the Town of Hollis from and against any liabilities or claims arising from unintentional exposure of harm due to COVID-19.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit the completed form along with full payment to Hollis Town Hall.

## FOR OFFICE USE ONLY

Total Fee: \$ \_\_\_\_\_ Usage Fee: \$ \_\_\_\_\_ Cleaning Deposit: \$ \_\_\_\_\_

Full payment Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Check#: \_\_\_\_\_

Certificate of Insurance or Facility Use Agreement Received: \_\_\_\_\_



**Board of Selectmen**  
Town of Hollis  
7 Monument Square  
Hollis, New Hampshire 03049  
Phone: 603.465.2209

## **FACILITY USE AGREEMENT AND RELEASE/INDEMNIFICATION**

1. In consideration for being permitted to use the facilities of the Town of Hollis, \_\_\_\_\_  
(hereinafter "Applicant") agrees to indemnify and hold harmless the Town of Hollis, its officers, employees, insurers, and Primex Insurance Programs, from and against all liability, claims, and demands, which are incurred, made, or brought by any person or entity, on account of damage, loss, or injury, including without limitation claims arising from property loss or damage, bodily injury, personal injury, sickness, disease, death, or any other loss of any kind whatsoever, which arise out of or are in any manner connected with the use of the facilities, whether any such liability, claims, and demands result from the act, omission, negligence, or other fault on the part of the Town of Hollis, its officers, or its employees, or from any other cause whatsoever.
2. By signing below, Applicant agrees that, in the event of any damage, loss, or injury to the facilities or to any property or equipment therein, the Town of Hollis may deduct from the damage deposit the full amount of such damage, loss or injury. Applicant further agrees that, if such damage, loss, or injury exceeds the amount of the damage deposit, Applicant will within thirty (30) days of billing reimburse the Town of Hollis for all costs associated therewith upon billing by the Town of Hollis.
3. In addition, in consideration for being permitting to use the facilities, Applicant, on behalf of itself, and its officers, employees, members, and invitees, hereby expressly exempts and releases the Town of Hollis, its officers, employees, insurers, and self-insurance pool, from and against all liability, claims, and demands, on account of injury, loss, or damage, including without limitation claims arising from property loss or damage, bodily injury, personal injury, sickness, disease, or death, that Applicant may incur as a result of such use, whether any such liability, claims, and demands result from the act, omission, negligence, or other fault on the part of the Town of Hollis, its officers, or its employees, or from any other cause whatsoever.

By signing below I agree that this facility use agreement and release/indemnification is valid for the date listed below.

Date of Event \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Email (Optional) \_\_\_\_\_