

TOWN OF ATIKOKAN PERMIT

OUTSIDE USERS POLICY; APPLICATION FOR USE OF MUNICIPAL FACILITIES- PART 2

PLEASE PRINT

MUNICIPALITY: _____ **Facility:** _____

APPLICANT: _____ **Name of Contact Person:** _____

Address: _____ **Postal Code:** _____ **Telephone:** _____

Time of Use applied From: _____ AM PM **Date:** _____ **To:** _____ AM PM **Date:** _____

Particulars of Activity: _____

Number of Participants: _____ **Age of Participants:** _____

Name of Supervisors: _____ **Telephone:** _____

_____ **Telephone:** _____

Requirements: (Facilities/ Equipment)

- Arena
- Swimming Pool
- Hemlock Sportsplex
- White Street Ball Park
- Charleson Recreation Area

- Lone Pine Rink Shack
- Don Park Rink Shack
- Pioneer Centre
- Little Falls Curling Club
- Little Falls Golf Course

- Conservation Club
- Mount Fairweather Ski Hill
- Horseshoe Club
- Other:

Type of Equipment: _____

This is to certify that (I) (My organization), while occupying said facilities, will provide and be responsible for adequate adult supervision and the security of municipal property and will abide by all rules and regulations as established by the MUNICIPALITY. I (we) agree to pay for any damages incurred to property and/or equipment and to pay rental fees as outlined. The permit holder (user group) will protect, indemnify and hold harmless the MUNICIPALITY and its agents from all claims for damages that may arise out of the use of buildings, grounds or equipment by the permit holder. If liability insurance premium is not indicated above, the permit holder (user group), agrees to obtain his/their own liability insurance for this event.

Dated this _____ day of _____ 20____ Signed (Contact person): _____

Permit approved by (Facility/Property Designate): _____ Date Issued (d/m/yr): ____/____/____

OFFICE USE ONLY

LIABILITY INSURANCE	
<input type="checkbox"/> Applicant has and will provide Confirmation of liability insurance	
or	
<input type="checkbox"/> Coverage required by user, Chart on next page	
Premium:	\$ _____

RENTAL / OTHER FEES	
Use of Facility:	\$ _____
Liability Insurance Premium:	\$ _____
Total Amount Due :	\$ _____

If you require assistance filling out the following permit please contact at Nicole Halasz 807-597-1234 ex 232