

The Broadway Trust

Request to use The Greens

1. (name of Person / Organisation requesting use of The Greens.)

2. on.....

.....
(specify date or range of dates, including those required to set up and remove equipment.)

3. Specify hours of use on all above dates (including dates of Event and dates of set up/break down):

.....
.....

4. To which of The Greens does the request relate (see attached map and identify the relevant Greens by reference number(s) shown thereon)

.....
.....

5. Name of the person making the request (if making the request on behalf of an organisation)

.....

6. Registered / correspondence address of organisation

.....
.....

7. Contact telephone number(s):

.....
.....

8. Contact email(s):

.....

.....
9. Full description of the proposed event:

.....
.....
.....
.....

(please continue on a separate sheet of paper if there is inadequate space provided here)

10. Will alcohol be provided at the event? YES / NO

IF YES, PLEASE ATTACH A COPY OF THE TENS NOTICE TO THIS REQUEST

11. Is your organisation a Local Community Organisation (*see definition in the Terms & Conditions*)? YES / NO

12. If the answer to question 11 is 'YES', is the intended Event a Fundraising Event or a Commercial Event (*see definitions in the Terms and Conditions*)?

.....
13. A full Risk Assessment in respect of the proposed Event was carried out by:

.....
(insert name of individual or organisation).

PLEASE ATTACH A COPY OF THAT RISK ASSESSMENT TO THIS REQUEST

14. Name of person with overall responsibility for the supervision and management of the Event to which this request relates:

.....

15. Public Liability insurance suitable to cover the event planned is provided by:

.....
(insert name of insurer)

PLEASE ATTACH A COPY OF THE INSURANCE POLICY TO THIS REQUEST

16. Level of Public Liability provided is: £

Confirmation, Agreement and Undertakings

I / we confirm that my / our Insurer is aware of the nature of the Event planned and the risks involved and that I / we have complied with the duty of fair representation under section 3(1) of the Insurance Act 2015.

The person or organisation, named above, requesting to use the Greens confirms that s/he / it will have sole control of the Event on the Greens during the period of Use. If control is to be shared with another person / organisation, that person / organisation is:

.....

In the event of shared control, overall control will be exercised by:

.....

(insert name)

The person(s) / organisation(s) requesting to use the Greens accept(s) and confirm(s) that The Trust has no involvement in the organisation of the Event and no control over the Event, such confirmation being a condition of acceptance of this request.

The person(s) / organisation(s) requesting to use the Greens accept(s) and confirm(s) that any liability (public or otherwise) arising out of his / her / its Use of The Greens is his / her / its liability, no such liability attaching to the Trust.

The person(s) / organisation(s) requesting to use the Greens agrees to indemnify The Trust in respect of any liability (public or otherwise) arising out of his / her / its Use of The Greens.

By making this Request to Use the Greens the person / organisation making the request undertakes that any equipment that they intend to use during the course of their / its use of The Greens is safe, has been subjected to any relevant statutory inspection regime and has been the subject of adequate risk assessment for its intended use.

The person signing this Request to Use the Greens, by his or her signature, confirms that he or she has read the Terms and Conditions of Use and that s/he / the organisation undertakes to abide by the same.

The person signing this Request to Use the Greens, by his or her signature, confirms that he or she has the authority to sign this form and provide the confirmation and agreement and give the undertakings set out in the foregoing on behalf of the intended user.

Signed:

Name:

Position:

For use by The Broadway Trust.

Date.

Request form completed Yes / No

Public Liability insurance policy Yes / No

Is it current? Yes / No

Risk Assessment completed Yes / No

Correctly signed acknowledging sole control of the Greens specified for the duration specified Yes / No.

Approved Yes / No

Referred back to organiser for clarification Yes / No

Approved Yes / No

Trustee approving request:

Signed:

Land Registry
Official copy of
title plan

Title number **WR128010**
Ordnance Survey map reference **SP0937NW**
Scale **1:1250 enlarged from 1:2500**
Administrative area **Worcestershire : Wychavon**



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