



**BRANFORD PARKS & RECREATION DEPARTMENT &
JOE TRAPASSO COMMUNITY HOUSE HONORING THE WORLD WAR II VETERAN'S
FACILITY & FIELD USE REQUEST FORM**

46 CHURCH STREET, BRANFORD, CT. 06405

PHONE: (203)488-8304 FAX: (203)315-4017 EMAIL: recreation@branford-ct.gov WEB: www.branfordrecreation.org

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BRANFORD TOWN CLERK

**PLEASE FILL OUT THIS FORM COMPLETELY
APPLICANT INFORMATION**

Name of Applicant: BILL O'BRIEN Today's Date: 10/27/20
 Organization/Group/Team: VETERANS PARADE COMMITTEE # of participants: 7-8
 Address: 7 BROOK WOOD DR Town: BRANFORD Zip: 06405
 Cell Phone: (203) 988-0241 Home Phone: (203) 488-7545 Work Phone: () N/A
 Email Address: OBRIENWTECOMCAST.NET

INDEMNIFICATION

(Please note: Groups may be asked to supply proof of Non-Profit status/Org. ID/Tax Exempt # and a league roster of the last season for verification at the discretion of the Director of Recreation)

To the fullest extent permitted by law, and without regard to the provisions of any insurance policy that purports to limit this indemnification, the applicant and such applicant's subcontractors, independent contractors, officers, servants, employees, or agents, shall indemnify and hold harmless the Town of Branford, and its agents, officers, servants, directors and employees from and against any and all liability, loss, claims, damages, fines, penalties, costs and expenses (including reasonable attorney's fees), judgments and awards related to or arising out of the use of a Town park/facility (collectively, "Damages") sustained, incurred or suffered by or imposed upon the Town or its agents, officers, servants, directors and employees.

In performing your obligations in using and accessing the Town's property, you and your members, invitees, successors and assigns shall comply with all applicable statutes, laws, regulations, codes, rules or orders of or issued by any governmental body having jurisdiction over the use of said premises, including but not limited to, any Executive Orders issued by Governor Ned Lamont and any Sector Rules adopted and implemented by the State of Connecticut requiring cleaning and/or social distancing practices to combat the spread and infection of COVID-19.

YOU HEREBY CERTIFY THAT YOU, YOUR GROUP AND/OR ORGANIZATION HAS RECEIVED A "REOPEN CT BADGE," IF APPLICABLE, AND YOU, YOUR GROUP AND/OR ORGANIZATION SHALL ADHERE TO THE GOVERNOR'S EXECUTIVE ORDERS AND SECTOR RULES CONCERNING COVID-19 MITIGATION EFFORTS.

Print Name of Applicant WILLIAM T. O'BRIEN JR Signature [Signature] Date 10/27/20

RESERVATION INFORMATION

NOTE: Please submit a valid certificate of insurance with each request.

Please list the exact dates; (month, day & date, room approvals will take place quarterly)

Date: WED FEB 24, 2021 Start Time: 4³⁰ AM PM to End Time: 5³⁰ AM PM
 Date: WED MARCH 24, 2021 Start Time: 4³⁰ AM PM to End Time: 5³⁰ AM PM
 Date: WED APRIL 21, 2021 - Start Time: 4³⁰ AM PM to End Time: 5³⁰ AM PM
 Date: WED MAY 19, 2021 Start Time: 4³⁰ AM PM to End Time: 5³⁰ AM PM
 Date: WED AUG 11, 2021 Start Time: 4³⁰ AM PM to End Time: 5³⁰ AM PM
 Date: WED SEPT 16, 2021 Start Time: 4³⁰ AM PM to End Time: 5³⁰ AM PM

(please use additional paper if necessary)

DATE <u>WED OCT 13, 2021</u>	<u>4³⁰</u>	<u>X</u>	<u>5³⁰</u>	<u>X</u>
DATE <u>WED OCT 27, 2021</u>	<u>4³⁰</u>	<u>X</u>	<u>5³⁰</u>	<u>X</u>

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