COVID GUIDELINES FOR YOUR EVENT

The Town of Nahant is requesting all event coordinators provide a cover letter explaining:

- Which COVID 19 Guidelines apply to the specific details of your event
- How you will ensure compliance with such COVID 19 Guidelines
- How you will educate participants of such Guidelines
- How you will enforce such Guidelines

For current State COVID safety guidelines you can visit mass.gov. If you have any questions please contact the Nahant Town Hall at 781-581-0088 or email to ktaylor@nahant.org.
Town of Nahant

EVENT AND ACTIVITY REGISTRATION REQUEST FORM

Name:

Address/City/State, Zip

Phone Number:

Email:

Group/Organization/Sponsor:

Contact Person for Event:

Note: Contact person shall be present for entire event and accessible via designated cell phone #

EVENT LOCATION REQUESTED: CHECK ONE

<table>
<thead>
<tr>
<th>Baileys Hill</th>
<th>Town Hall:</th>
<th>Ellingwood Chapel</th>
<th>Other: Please specify</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Main Hall:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conference rooms</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EVENT INFORMATION

Type/Name of Event: ____________________________________________

Date(s) of Event: ____________________________  Time: ________________

# of Persons Attending: ____________________  # of Vehicles: ____________

BRIEF DESCRIPTION OF EVENT: (you can attach an extra sheet if you need more room)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
PAYMENT/FEES

Residents of Nahant - $100 per event
Non-Resident- $500 per event
Security Deposit- $500 (refundable if no damage or clean-up required)
***All custodial, Police Detail, or EMT or Fire Dept. costs as required by Town Administrator, Police Chief, or
Fire Chief are borne by applicant-waiver of custodial fees requires authorization.

Minimum Charges:
Police Detail: $184-4 hour min. paid at conclusion of event
Fire: Need and rate as required by Fire Chief
DPW/Custodial Setup/Cleanup: $100-2 hours or $200 for 4 hours

REQUIRED RELEASES

*Executed Indemnification Agreement
*Provide an insurance certification with $1,000,000/$3,000,000 coverage
*Public access must be guaranteed at all times to outdoor venues in publicly owned lands.
*Rehearsals require pre-authorization
*Applicant is required to return facility to the condition it was found (clean up and removal of all trash)
Failure to do so will result in DPW performing necessary work and the cost of being deducted from the deposit.
*Events are limited to 2 hours for all outdoor events and 4 hours for indoor events
*Bookings are limited to 60 days in advance of event
*Number of attendees in excess of 50, furnishings and amplification-all subject to pre-approval of Town Administrator
*No alcohol or pyrotechnics permitted. Food service and tents may require special approval

LESSEE’S INDEMNIFICATION AGREEMENT

The (Lessee) __________________________________ shall to the maximum extent permitted by law, indemnify and
save harmless the Town of Nahant, its officers, agents, volunteers, and employees from and against any and
all damages, liabilities, actions, suits, proceedings, claims, demands, losses, costs and expenses (including
reasonable attorney’s fees) that may arise of out or in connection with Lessee’s lease or use of the (name
and address of building/facility __________________________) for any damage to its real or personal property
that occurs in conjunction with the lease or use of (name and address of building/facility)
_________________________________________ by Lessee, unless the damage is caused by the Town of Nahant’s gross
negligence or willful misconduct.

_________________________________________ Signature __________________________ Date

PLEASE DO NOT WRITE BELOW THIS LINE:

| Police Dept: Approved: Yes____ NO____ by: ______________ Date: __________ Details needed: __________ |
| Fire Dept: Approved: Yes____ NO____ by: ______________ Date: __________ Details needed: __________ |
| Town Administrator/BOS Approved: Yes____ NO____ Date: __________ Insurance provided: __________ |
| DPW Approved: Yes____ NO____ Date: ______ Facility inspection before and after event |