**Agreement with Hirers of Council Facilities**



**Council Facility/s: .............................................................................................................................................**

**This document is the record of an agreement between the hirer of Council facilities and the Council and/or its delegated representative.**

All hirers are to complete Part A of this application and then complete either Part B (if casual hirers) or Part C (if the hirer is other than a casual hirer) of this contract and write N/A (not applicable) in the part of the form which does not apply.

**Part A - General Information (complete this section)**

|  |  |
| --- | --- |
| **Name of Person or Persons, Group or Organisation hiring the facility:** |  |
| **Primary Contact Person’s Name:** |  |
| **Telephone Number:** |  | **Email:** |  |
| **Date(s) and times of hire of the facility:** | Once off: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Weekly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fortnightly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Monthly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Ad hoc*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Describe the activities planned to be held at the facility in detail and attach program, agenda, risk assessment and all other documentation that would give Council more details of the event/s:** |  |

**Part B - Casual Hirers**

**Casual Hirer:** *Definition: Person or group of persons (****not*** *being a sporting body, club, association, corporation or incorporated body), who hires a council facility for non-commercial or non-profit making purposes, less frequently than once per calendar month or 12 times per calendar year.*

**The following information must be completed by the applicant**

|  |  |  |
| --- | --- | --- |
| **Criteria for Casual or Hirer** | **YES** | **Comment (if any)** |
| The person (s), group or organisation **is not** a sporting body, club, association, corporation or incorporated body.  |  |  |
| The hire is for non-commercial or non-profit making purposes. |  | E.g., hire of tennis court for recreational use. |
| The hirer is fundraising for an individual, a charity or community organisation or group which:1. Is not a sporting group, club, association, corporation or incorporated body;
2. Is not a sole trader or registered business;
3. Is not making a personal financial gain from the activity;
4. Is not a commercial activity;
5. Is not a large (e.g., the halls capacity) evening event where uncontrolled alcohol consumption will take place.
 |  | If alcohol is to be consumed, please provide details on how this is to be controlled and regulated. Use the back of this application if required. |
| If alcohol is to be consumed, please provide a copy the RSA certificate and holders details to be attached to this application by Committee member. |  | To be sighted by Committee member. |
| ***The person, group and organisation as stated as the hirer above acknowledges that they are responsible for the claim excess of:******Public Liability - $10,000*** ***Property damage - $8,000 in the advent of a claim made.*** | **Signed: ………………………………………………………………. Date**: **…………………………..** **Primary Contact Print Name: ……………………………………………………………………****Witness to signature and identity to sign and print their name below:****Signed: …………………………………………………………….... Date: ………………………….**  |

*Note:*

*1. If Council or their representative is not satisfied the person, group or organisation meets the “Casual or Regular Hirer” criteria above, the information will be provided to Council’s Insurers for determination of the matter.*

*2. Council or their representative has the right to refuse hire of the facility or terminate any hirer’s agreement until they are satisfied Public Liability Insurance requirements are met.*

**Part C - Other Hirers**

**Your own Public Liability Insurance cover is required if you or your activity fit any of the following criteria/definition:**

1. *Create an income or profit from the activity by charging a fee or profit for service.*
2. *Make a personal financial gain from the activity.*
3. *Is/are a sole trader or registered business.*
4. *Is/are a Corporation or Incorporated bodies.*
5. *Is/are a Sporting body, Club or association of any kind.*
6. *Do not meet the criteria as a “Casual Hirer” as described above.*

|  |  |
| --- | --- |
| **Name of Person or Persons, Group or Organisation hiring the facility:** |  |
| **Primary Contact Person’s Name:** |  |
| **Telephone No.:** |  | **Email:** |  |
| **Date(s) and times of hire of the facility:** |  |
| **Describe the activities planned to be held at the facility, in detail and attach program, agenda, risk assessment or/and all other documentation that would give Council more details of the event/s:** |  |
| **If alcohol is to be consumed, please provide a copy the RSA certificate and certificate holders details to be attached to this application by a Committee member.** | **To be sighted by a Committee member and signed here for confirmation.** |

**DETAILS OF INSURANCE POLICY (Other Hirers)**

|  |  |
| --- | --- |
| **The member’s name as shown on the Policy or Certificate of Currency.** Note: if different to the name of the hirer above, written authorisation is required from the insurer advising the hirer is covered under this policy **before** the agreement is valid. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(e.g., person, group or organisation that is covered by the insurance policy) |
| **Name of Insurance Company:** |  |
| **Policy No.:** |  |
| **Period of Cover:** |  |
| **Public Liability Policy (in the sum of not less than $10 million):** | Amount Insured $ |
| **Copy of Insurance Policy / Certificate of Currency sighted and attached by Committee.** | **Name and signature of Committee member****Signed: …………………………………………………………………****Print Name: …………………………………………………………** |
| ***The person, group or organisation as stated above acknowledges that they are responsible for their own Public Liability Insurance and other cover when hiring the Council facility for the intended activity as stated above*. Please attest to this by completion of the information as required to the right of this instruction.**  | **Signed: …………………………………………………………………****Print Name: …………………………………………………………****Date**: **…………………………………………………………………..** |

*Note:*

*1. If Glen Innes Severn Council or their representative is not satisfied that the person, group or organisation has adequate insurance, the information will be provided to Council’s Insurers for determination of the matter.*

*2. Glen Innes Severn Council or their representative has the right to refuse hire of the facility or terminate any hirer’s agreement until they are satisfied Public Liability Insurance requirements are met, or if activities are outside of the description or purpose as provided in this application.*

*3. A sighted copy of the applicant’s certificate of currency for Public Liability Insurance must be attached to this document. Council must be mentioned as the interested party in the certificate where possible.*