

Event Name:	
Event Date: Start & Finish Time:	
Event Location:	
Third Party Event Organizer(s):	
Third Party Event Organizer(s)' Contact Information:	Phone number:
	Email:
	Address:
What will your event include? <input type="checkbox"/> Cash Donations <input type="checkbox"/> Clothing/ Household Items <input type="checkbox"/> Silent/ Live Auction <input type="checkbox"/> Gaming activities (raffle, 50/50, etc)	Event Description:
Estimated proceeds for A Safe Place	\$

**A Safe Place Resources Requested: \*\*Please note we will do our best to provide assistance where possible but due to COVID and resource limitations, we cannot guarantee support.**

Staff/Volunteers: <input type="checkbox"/> Would you like A Safe Place representative to attend? <input type="checkbox"/> Do you need any volunteer assistance?	Description if applicable
Promotional Materials: <input type="checkbox"/> A Safe Place signage <input type="checkbox"/> Other <i>*Photos and/or marketing materials can be sent to:  <a href="mailto:communications@asafeplace.ca">communications@asafeplace.ca</a></i>	
Licences/Insurance/Tax Receipting Arrangements: <input type="checkbox"/> Gaming License <input type="checkbox"/> Event Insurance <input type="checkbox"/> Tax Receipts (review Tax Receipting & Financial Accountability TipSheet)	

Name of Applicant(s): \_\_\_\_\_

Signature(s) \_\_\_\_\_

- I/We the Third-Party Event Organizer(s), hereby release A Safe Place from all actions, causes of actions, claims and demands for damages, loss or injury which I/we, the Third-Party Event Organizer(s), may have or acquire at any time against A Safe Place in connection with the event, however arising.
- I/we, the Third-Party Event Organizer(s), further agree to indemnify and forever save A Safe Place harmless from and against any and all actions, causes of actions, claims, damages, losses, expenses, costs (including legal fees), charges and liabilities arising out of or in connection with the management and holding of the event(s).
- I/We have authority to legally bind the organization I represent (if applicable).