**CHIPPING NORTON GLYME HALL**

**HIRER’S PUBLIC LIABILITY INSURANCE**

In common with most hall operators, the Council’s Public liability Insurance only extends to incidents and events for which it is proved the Council is directly responsible. It does NOT provide cover for any incidents or events for which an individual hirer may be held to be responsible.

This means that if you hire one of the Council’s halls and an incident occurs whereby damage is caused to property or injury to a person, and you are found to be negligent, you could be sued for liable or substantial damages. Consequently, to give hirers a reasonable level of protection it is a condition of hire that appropriate public liability insurance is in place. If you already have such cover, please provide it to the Town Council Office prior to your event.

If you do not have public liability cover, please complete the declaration on the next page. Unfortunately, the Council is unable to offer hirer’s liability cover to: Commercial organisations, Professional organisations or Political organisations

I have my own public liability insurance, and have attached a copy with my booking form.

I hereby certify that the hiring does NOT fall into the category of commercial organisations, professional entertainers, or political organisations. I also understand that the Council may refuse cover in other circumstances, in which case I shall have to arrange my own cover and provide evidence of this.

**Signed**: …………………………………………. **Date**: ………………………………………………………

**IMPORTANT NOTE:** Bookings will not be considered to be confirmed unless this declaration is

Completed.

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| **Declaration**  **By signing this agreement, you are confirming that you will abide by the terms and conditions as laid out attached, that you have read, fully understand and agree to these conditions in their entirety. If the terms and conditions are not attached, please contact the Town Council Office as an excuse of not reading them will not be permitted at a later date**.    **Signed: …………………………………………… Date: …………………………………………………** |