## **LETTINGS INDEMNITY FORM**

INSURANCE COVER – To comply with the conditions of the hiring agreement.

I hereby indemnify the school against any claims made against it arising from the use of hired premises. In addition, I accept responsibility for any claims the school may have for any damage to its property arising from its use during my hire.

I maintain a Public Liability Insurance Policy,	the details of which are as under:
Policy Number	
Expiry Date	
Name and Address of Insurance Company:	
Indemnity Limit:	
Signature:	Date:
DECLARATION (Please read before signing)	
Premises and agree to be bound by them. A Cinematograph Acts 1909 and 1952 have be Licensing Justices, where necessary, have be	and Terms and Conditions for the Letting of School Any licenses necessary and the Theatres Act 1968 and the een or will be observed and any requirements of the een or will be met. I agree to pay the charges due as es and grounds will be used only for the purpose stated.
I am over 18 years of age.	
Signature	Date of application
NAME (BLOCK CAPITALS) Mr/Mrs/Ms/Miss	