



**ROXBURY LAND TRUST**  
Since 1970

### Request to Use Preserves

Applicant Name:		
Contact Name:		
Address:		
Phone:		
Preserve:		
Date of Requested Use:		
Start Time of Use:	a.m./p.m.	
End Time of Use:	a.m./p.m.	
What will you be using the Preserve for?		
Will you charge participants? If so, you must contact the RLT office.		Y/N
Have you reviewed a property map and do you have a clear understanding of the preserve boundaries?		Y/N
<u>Please provide</u> a copy of your liability insurance naming RLT as an additional insured.		

The applicant has read and agrees to the terms of this application and agrees not to change the nature of the preserve, not to add or remove soil or plants, to comply with “carry in, carry out”

policy and leave the preserve in its present condition.

Signature and Date: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

**Note:** The applicant must provide 1) a certificate of insurance naming Roxbury Land Trust, its directors and employees as additional insureds. 2) The applicant agrees to release Roxbury Land Trust, its directors, staff and volunteers from liability by way of subrogation or otherwise. This provision shall be applicable and in full force and effect only with respect to incidents occurring during the time of the applicant's occupancy or use of RLT property.

**Office Use only:**

Event No. \_\_\_\_\_ Date rec'd: \_\_\_\_\_ Date Insurance rec'd: \_\_\_\_\_ Approved by: \_\_\_\_\_

ExecCom approved 1.12.18