## COWICHAN VALLEY REGIONAL DISTRICT FILM PERMIT APPLICATION

This form must be submitted to **Film Cowichan**, in care of Coordinator Laura Leppard through the following means:

- By email to <a href="mailto:lauraleppard@gmail.com">lauraleppard@gmail.com</a>
- In person at Economic Development Cowichan, 135 3rd Street, Duncan, BC
- By Fax to 250.746.7801

Forms should be accompanied by the Film Cowichan Street Use Request Form, Film Cowichan Filming Worksheet(s), and Film Cowichan Resident Notice(s) as applicable.

Name of Production:			
		Contact Person:	
	ager's Name (if different from contact):		
Phone: Bus:		Fax:	
REQUESTED CVRD FA	ACILITIES: (Check approp	oriate box and describe which facilities)	
<ul><li>☐ Regional or Commu</li><li>☐ CVRD or Municipally</li><li>☐ Electoral Area Fire H</li></ul> GENERAL FILMING RI	lalls or Community Cent	ilities res	
Location of Filming with	in the Cowichan Valley Re	gional District:	
Dates and Times:			
Contact Person:	Emai	 il:	

## **INDEMNITY:**

The applicant will, if approval is granted for the services or facilities requested in the application, indemnity and save harmless the CVRD from and against any and all claims, including without limiting the foregoing all claims for bodily injury or property damage caused by, arising from or connected with any act or omission of the applicant of any agent, employee, customer, licensee or invitee of the applicant, and against and from all liabilities, expenses, costs and legal or other fees incurred in respect of any such claims or any actions or proceedings brought thereon arising directly or indirectly from or in connection with the property, facilities or services of the CVRD.

## **INSURANCE REQUIREMENTS:**

If the application is approved, the applicant will be required to obtain and keep in force throughout the period of use permitted under this application in the joint names of the CVRD and the applicant as their interests may appear comprehensive general liability insurance against claims of personal injury, death or property damage occurring upon or in or about the licensed area in an amount not less than \$5,000,000 per accident or occurrence and other wise with an Insurer and deductible and on terms satisfactory to the CVRD. The applicant on demand by the CVRD will deliver to the CVRD forthwith from time to time the Certificate of Insurance giving evidence of such coverage.

## **CREDITS TO THE COWICHAN VALLEY REGIONAL DISTRICT:**

The applicant will give credit to the Cowichan Valley Regional District in the production.

On behalf of the applicant, I acknowledge that I have read and understood the conditions contained in the Film Permit General Conditions, and agree to comply with them.

AUTHORIZED APPLICANT (Signature)	(Print Name)
This application becomes the Permit as approved by:	
Cowichan Valley Regional District Representative	Date:
This application has been forwarded for municipal per	mitting to:
<ul> <li>☐ The Municipality of North Cowichan</li> <li>☐ The City of Duncan</li> <li>☐ The Town of Ladysmith</li> <li>☐ The Town of Lake Cowichan</li> </ul>	

