**Hambledon Village Hall and grounds**

**Application to use a Bouncy Castle/Inflatable**

**Full Name:**

**Address:**

**Email: Tel No:**

**Date of Event:**

**Description of event:**

I/we accept full responsibility for the safety and use of this equipment and have provided HVHMC on behalf of the Trustees with copies of the following Public Liability insurance(s) **which specifically names this risk.**

1. **Personal Public Liability Policy Schedule number:**
2. **Company provider Public Liability Schedule and number:**

**Named responsible adult supervisor(s):**

**Name 1:**

**Name 2:**

**Company Named supervisor if applicable:**

**Signed: Date:**

**Print Name**

**This declaration and copies of the required documentation should be sent to:**

**Mrs Liz Harrison, Woodside, Green Lane, Hambledon, Hampshire. PO7 4SY.**

**or scanned and sent to Bookhambledonvillagehall@outlook.com**