

Research Permit Request Form

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Full name of spons	oring organizat	ion:					
Principal Investigator:							
Full Mailing address:					Pos	tal/zip code:	
Business phone:	Other phon		Other phone/ce	ell:			
Email address:							
Full name of research project:							
General description	of activities:						
Number of participants:			Saanich Parks co	ontact	:		

Provide a separate document with more detailed project methodology.

ON SITE RESEARCHER CONTACT	ON SITE ASSISTANT CONTACT		
Name:	Name:		
Phone:	Phone:		
Email:	Email:		

LOCATIONS AND DATES FOR RESEARCH PROJECT						
Park(s) research is to be conducted	Date(s) or range	Start/end time				
Impact(s) in park (e.g., tags, traps, other):						

Project summary: (short description we can use to explain to park users as necessary with data collection method, why the research will be beneficial and ultimate goal of the findings)

Applicant's signature:		Date:	
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This collection of personal information is authorized under the Local Government Act, Community Charter and section 26(c) of the Freedom of Information and Protection of Privacy Act. The information will be used for processing this application. Questions can be directed to the District's Privacy Officer at: 770 Vernon Avenue, Victoria BC, V8X 2W7, t. 250-475-1775, e. <u>foi@saanich.ca</u>



INSURANCE:

Insurance all applications must include proof of comprehensive or commercial general liability insurance coverage in the minimum amount of \$5,000,000, inclusive per occurrence, for bodily injury and property damage, under which The District of Saanich is an additional insured. The coverage must include a waiver of all rights of subrogation or recourse against Saanich. Your insurance broker can provide you with such a document or Saanich can give you a form to be completed by your broker.

I have read and understand the insurance requirements:

Initials Required

INDEMNITY AGREEMENT

If the research permit is granted to you by Saanich, you and your organization must indemnify and save harmless Saanich, its officers, employees and agents from any claim, lawsuit, liability, debt, demand, loss or judgment (including costs, defence expense and interest) whatsoever and howsoever arising either directly or indirectly as a result of the granting of the permit or the use of Saanich property or facilities.

You also agree to waive all rights of subrogation or recourse against Saanich as a result of the granting of the permit or the use of Saanich property or facilities.

I have read and understand the indemnity requirements:

Initials Required

*** A temporary sign explaining the research must be present while working in the park ***

Research must follow the Parks Management and Control and other related bylaws.

Please submit this application form, detailed research proposal with methodology and your proof of general liability insurance to:

The District of Saanich Parks Division 1040 McKenzie Ave Victoria BC V8P 2L4

Email: parkpermits@saanich.ca

Phone: 250-475-5522 Fax: 250-475-5525

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