770 Harmston Ave, Courtenay, BC V9N 0G8 250-334-6000 Fax: 250-334-4358 1-800-331-6007 communityservices@comoxvalleyrd.ca www.comoxvalleyrd.ca



Research Permit Application Form

Application must be received fourteen days prior to the date the research will begin. Applicants must be 19 years of age or older. The applicant must agree to conditions specified in the research permit and sign a waiver of liability.

PART I:		
Date:		
Applicant(s):		
	olicable):	
Mailing Address:		
Telephone:	Fax:	
Email:	<u></u>	
Time Period of Permit (day/month/ye	ar):	
Approximate Date(s) of Visit:		
Park:	Specific Location:	
Park:	Specific Location:	
Park:	Specific Location:	
Number of Researchers Involved:		
Research Project Title:		
Purpose of Research Project:		

Research Project Description:
Research Methodology:
☐ After hours access required?
☐ Does research involve species at risk?
☐ Does the research involve in-stream work?
☐ Provincial and/or Federal Permit Required? (please attach copy)
Potential impact on park vegetation and/or wildlife (describe):

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Research Permit Conditions

- 1. A report summarizing the research and its findings will be submitted to CVRD Community Services.
- 2. Researchers must comply with all CVRD park rules and bylaws as well as provincial and federal acts and regulations.
- 3. No vegetation or wildlife will be removed from the park, unless specified under special conditions.
- 4. Trapping is not permitted, unless specified under special conditions.
- 5. Research must be conducted during park hours, unless specified under special conditions.
- 6. All flagging tape or markings must be inconspicuous, kept to a minimum and removed when the research is complete.
- 7. Researchers should wear a high-visibility vest while conducting research in the park
- 8. Researchers will carry a signed copy of the research permit which may be inspected by CVRD staff and the public at any time.
- 9. Researchers will respond to inquiries from park visitors in a friendly and courteous manner.
- 10.If required, researchers will post a sign when in the park with the title of the research project and contact information.

Special Conditions: (To be completed by CVRD community services staff)

1. WorkSafe BC coverage and/or general liability insurance.

PART III: WAIVER OF LIABILITY

In consideration of being permitted to use certain lands and premises owned or under the control of the Comox Valley Regional District (CVRD) known as Park(s) (the Premises) and other goo and valuable consideration the undersigned agrees:									
To indemnify and save harmless the CVRD, its officers, agents and employees from and against all claims, demands, losses, costs, damages, actions, suits or proceedings by whomever made, brought of prosecuted and in any manner based upon, arising out, related to, occasioned by or attributable in any way to the activities and use of the Premises by the undersigned, its servants, agents, employees or contractors, excepting always liability arising solely out of the negligent act or omission of the CVRD.									
I,			, being the c	duly designate	d				
	I,, being the duly designated representative, hereby indicate that I have read and understand the terms of this								
Research Pern	nit and the Wa	iver of Liability	as it appears	above.					
I agree to the with a written before:	report summa		ings of this res	•					
Signature of A	pplicant		Date						
Date Received:		Received by:		File No.:					

PART IV - CVRD APPROVAL

Approved by	(name)
	(position)
Permit issued on	(day/month/year)
Permit Expires on	(day/month/yea)
Sianed	

CVRD Community Services 770 Harmston Ave, Courtenay, B.C. V9N 0G8

Telephone: 250-334-6000 Fax: 250-334-4358

Received by:		File No.:	
R	eceived by:	eceived by:	eceived by: File No.: