

Weber State University Stromberg/Swenson Gym Complex Facility Rental Agreement

Requested By: _____ Event Title: _____

Requesting Organization: _____

Mailing Address: _____

Home or Cell Phone: _____ Work Phone: _____

Today's Date: _____ Date Received By Scheduler: _____

Please check all facilities needed along with dates and times. (Be specific).

<u>AREA</u>	<u>DATES</u>	<u>TIMES</u>
__ SG Floor	_____	From _____ To _____
__ PE Floors (S) (M) (N)	_____	From _____ To _____
__ PE Playfield	_____	From _____ To _____
__ PT Playfield		
Natural Turf	_____	From _____ To _____
Artificial Turf	_____	From _____ To _____
__ Lower Playfield	_____	From _____ To _____
__ Pool	_____	From _____ To _____
__ Track	_____	From _____ To _____
__ Fitness/Strength Area	_____	From _____ To _____
__ ME Dance Rm 19	_____	From _____ To _____
__ Multi Purpose Rm 66/68	_____	From _____ To _____
__ Multi Purpose Rm 203	_____	From _____ To _____
__ Conference Room 52/61/69	_____	From _____ To _____
__ Classroom 34 (Seats 99)	_____	From _____ To _____
__ Classroom 62 (Seats 39)	_____	From _____ To _____
__ Classroom 68 (Seats 40)	_____	From _____ To _____
__ Classroom 71 (Seats 48)	_____	From _____ To _____
__ Classroom 80 (Seats 36)	_____	From _____ To _____
__ Classroom 116 (Seats 24)	_____	From _____ To _____
__ Classroom 117 (Seats 20)	_____	From _____ To _____
__ Classroom 202 (Seats 35)	_____	From _____ To _____
__ Racquetball Courts (6)	_____	From _____ To _____
__ Tennis Courts (7)	_____	From _____ To _____

Type of Event: Practice () Competition () Athletic () Social ()

University Affiliation: Academic () Campus Organization ()
Community () Other ()

Activity Open To: Students () Faculty/Staff () Community ()
Rental Participant Only ()

Proof of Insurance: Yes () No ()

Supervision: I will provide _____ # adult(s) for every _____ # of child (ren)
under the age of 16. Failure to abide by these terms may
result in cancellation of this activity.

Total Number Expected: Participants () Spectators ()

Set-Up Time: _____ **Event Starting Time:** _____

Event Ending Time: _____ **Take Down Time:** _____

Equipment Needs:

Tables () Chairs () Trash Cans ()
Sports Equipment () Sound System ()

Bleacher Sections: Total 919
North Side (Seats 471)
South Side (Seats 448)
Seats with backs (208)

Food Set-Up: Yes () WSU Dining Services must be used.
No ()

Rental Cost: (To be completed by Stromberg/Swenson Facilities representative.)

Direct Cost: _____
Equipment Cost: _____
Cleaning Cost: _____
Rental Cost: _____
Deposit: _____
Total Cost: _____

Reservation Cancellation:

This reservation may be canceled due to scheduling conflicts caused by academic/athletic events and/or inclement weather.

Parking Passes:

Outside groups using WSU parking facilities need to pick up a visitor parking pass at the Campus Police Office.

Agreement:

I hereby agree to be personally responsible on behalf of my organization for **any** damages sustained to the facility or equipment by my organization. I agree that adequate supervision will be provided as agreed upon by the Stromberg/Swenson Gym Complex representative. In addition, I agree to indemnify, save and hold harmless Weber State University from **any** and **all** liability which may arise from **any** cause whatsoever regarding the rental of these facilities.

(Authorized Signature/Organizational Representative)

Revised 10/4/06