# FACILITY USE PERMIT APPLICATION FORM
# Western Elmore County Recreation District (WECRD)
# 245 East 6th South, Mountain Home, Idaho 83647
# Phone: (208) 580-2377 FAX: (208) 580-5517

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|---|---|---|---|
| **Name of Applicant/Organization** | | **Date** | **Phone Number** |
| **Street Address** | | **City, State, Zip Code** | |
| **Contact Person** | **Liability Insurance Provider** | **Insurance Policy Number and Policy Limits** | |
| **Subject/Purpose of Meeting/Nature of Activities** | | | **E-mail Address** |
| **Date of the Meeting** | **Start Time/End Time** | | **Expected # of Participants** |

**REQUESTED SERVICES**:

☐ Large Meeting Room
☐ Sound or other technical equipment
☐ Lobby
☐ Tables and chairs

By signing below, I, Applicant herein, certify that I have read, understand, and agree to comply with all of the provisions of the WECRD Facility Use Policy.

Applicant hereby makes application for use of the WECRD facility as described in the WECRD Facility Use Policy and hereby represents that Applicant, and Applicant's group or organization, will and do assume responsibility to supervise and be responsible for the proper conduct of individuals attending the function; to provide the necessary police and/or fire protection personnel if deemed necessary by WECRD officials; that Applicant will pay to the WECRD on demand the amount of any damages caused to the facilities, grounds, and/or equipment by the activities of Applicant, and Applicant's group or organization, and the amount of the WECRD's charge, if any, for the use of said facilities, grounds, and/or equipment.

FURTHER, APPLICANT, AND APPLICANT'S GROUP OR ORGANIZATION, ACCEPT ALL LIABILITY, AND HEREBY AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS THE WECRD, ITS DIRECTORS, ITS OFFICERS, AGENTS, AND ALL EMPLOYEES AND VOLUNTEERS, from any and all claims, debts, demands, costs, expenses, damages, and/or claims for bodily injury, personal injury, and/or property damage in connection with the use of the WECRD facility, grounds, and/or equipment. I agree that if a claim or claims of any kind are pursued against WECRD, its directors, its officers, agents, and all employees and volunteers in connection with the use of the WECRD facility, grounds, and/or equipment, I will pay for the defense of all said claims, including, but not limited to, all attorney fees and costs associated with defending said claims.

I accept responsibility for control of the area until the meeting is finished. I accept responsibility for complying with all Americans with Disabilities Act (ADA) requirements. I recognize that it is my responsibility to supply ADA required assistance for this event. The undersigned hereby certifies that he/she is authorized to execute this document on behalf of the organization requesting the use of the facility. **You may confirm or cancel reservations by calling 208-580-2377 during normal business hours.**

_____ _____ _____

Applicant's Printed Name/Title Signature Date

Approved: _____ _____

Signature – Secretary or Board Member Date and Time of Building availability