

# Frederick County Government Facility Reservation Request

Attachment 3

Office of Property Management – 577' O qpvxwg' Ncpg' Uwkq' 422. 'Hgf gtlm' OF '43924

Phone: 301-600-1494 Fax: 301-600-3517

## Applicant Information

**(Please Print)**

Applicant is: Individual Organization

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person if applicant is an organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Is applicant a Federal Government Agency Yes No or a 501(c)3 non-profit Yes No

## Facility and Activity

Facility Requested: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

Special Requirements: \_\_\_\_\_

Date(s): \_\_\_\_\_

Time: From \_\_\_\_\_ To \_\_\_\_\_

## Conditions of Approval

1. The County, its agents and employees shall not be liable for any loss, damage, injuries or other casualty of whatsoever kind or by whomsoever caused to the person or property of anyone on or off the premises, arising out of or resulting from applicant's use, possession or operation thereof, or from installation, existence, use, maintenance, condition, repair, alteration, removal or replacement of any equipment thereof, and the applicant hereby agrees to indemnify and hold the County, its agents and employees harmless from and against all claims, demands, liabilities, suites or action for such loss, damage, injuries or other casualty.
2. Applicant agrees to:
  - a. Maintain peace and good order during the use of the facility.
  - b. Prohibit alcoholic beverages, and controlled dangerous substances in the facility.
  - c. Prohibit smoking in the facility.
  - d. Assume responsibility for any and all property damages to the facility caused by participants, members, guests, or the general public.
3. Applicant has received a copy of the County's Policy on Facility Use of Frederick County Government Buildings Policy and agrees to abide by the policy, including payment of fees, if applicable. **Payment, if required, should be made payable to Treasurer of Frederick County, and submitted with this application.**

Applicant: \_\_\_\_\_

Signature Print Name Date

## County Use Only

**Fee Charged:** Yes No If yes, total amount due: \$

	Government	County/Employee	Volunteer	Adult	Youth
_____				Approved	Not Approved
Building Manager			Date	Approved	Not Approved
_____				Approved	Not Approved
Financial Services Manager			Date	Approved	Not Approved
_____				Approved	Not Approved
Office of Property Management			Date	Approved	Not Approved
_____				Approved	Not Approved
_____				Approved	Not Approved

Conditions