Group Contact to complete this part of the form

Today's Date ________________

Contact Name ________________________ Contact Phone # __________________________

Contact Email ________________________________________________________________

Name of organization or Group __________________________________________________

Purpose of use __________________________________________________________________

Date requested __________________________ Start time ______________ End Time __________

The following areas will be needed

- Conference room
- Dance studio
- Racquetball Court
- Gymnasium
- Weight Room
- Other

Additional needs

- Chairs QTY ________
- Tables QTY ________
- Other please describe in detail ________________________________

Addition Special Set up Requirements

________________________________________________________________________________
________________________________________________________________________________

Once the above portion is complete make copies for each participant to sign and return
THIS PAGE ONLY

Insurance/Waiver

I hereby certify that I/we have insurance coverage for our group while using the BDAC facility per attached policy. I/we further waive and release all rights of claims for damages I/we may have against the BDAC, Utah State University Eastern, State of Utah and their agents, representatives and assigns for any and all injuries which may be suffered by me/us in connection with the use of these facilities.

I will be responsible for proper supervision at all times with this group during the above designated faculty and will restore the room to its original condition if appropriate. I will also be responsible for repairs or replacement for any property damage. I further acknowledge that Utah State University Eastern has not solicited or competed for our/my business. I have read and agree to follow the policies set forth in our specific use policies. For more details please visit https://usueastern.edu/price/bdac/index

__________________________________________    ____________________________    _______
Participant Printed Name                     Signature                     Date

If under 18 Guardian Printed Name            ____________________________    _______
Signature                     Date

Bring all completed original signed forms the first day of your event.