

Whatcom County Fire District 4
4142 Britton Loop - Bellingham, Washington

Facility Use Application Form

Organization Name: _____

Address: _____ Phone: _____

Responsible Person (see policy): _____

Telephone for Responsible Person: Day: _____ Evening/Cell: _____

Purpose or Proposed activities to be conducted in the Facility: _____

Number of persons attending: Adults: _____ Children: _____

Requested Date of Event: _____ Start time: _____ End time: _____

Facility Requested: _____

HOLD HARMLESS / INDEMNIFICATION AGREEMENT

The undersigned hereby makes application to Whatcom County Fire District 4 for use of District facilities described above and certifies that the information given in the application is correct. The undersigned further states that he/she has the authority to make this application for the applicant and agrees that the applicant will observe the rules and regulations of the district. The applicant agrees to exercise the utmost care in the use of said premises and property, and shall be responsible for any and all damage to the District's premises and property and shall be responsible for all actions, behavior and damages caused by their guest(s)/attendee(s). The District is not responsible for accidents, injury, illness or loss of group or individual property. THE APPLICANT AGREES TO HOLD WHATCOM COUNTY FIRE DISTRICT 4 HARMLESS AND DEFEND IF FROM ANY AND ALL CLAIMS BY ANY PERSON ARISING FROM SAID USE OF SAID FACILITIES. THE APPLICANT FURTHER AGREES TO REIMBURSE THE DISTRICT FOR ANY DAMAGES ARISING FROM THE APPLICANT'S USE OF SAID FACILITIES.

Signature of Applicant: _____ Date: _____

~~~~~FOR OFFICE USE ONLY~~~~~

APPROVED  DISAPPROVED \_\_\_\_\_(date) Reason: \_\_\_\_\_  
 Entered on Calendar By: \_\_\_\_\_  Applicant Notified \_\_\_\_\_ (date) By: \_\_\_\_\_

FEES: Room/Area: \$ \_\_\_\_\_  
Extras: \$ \_\_\_\_\_ For \_\_\_\_\_ \$ \_\_\_\_\_ For \_\_\_\_\_  
Fee Waived: By: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_