

## Facility Use Application

Walla Walla Valley Academy

300 SW Academy Way

College Place, WA 99324

509-525-1050

509-525-1056 (FAX)

USER \_\_\_\_\_ Contact Person: \_\_\_\_\_

Activity: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address: \_\_\_\_\_ FAX-E-mail \_\_\_\_\_

1. Auditorium First 4Hours, \$200; Each Additional Hour \$30 \_\_\_\_\_  
Multi Purpose Room \$60 per day \_\_\_\_\_
- . Kitchen \$60 per day \_\_\_\_\_
- . Multi Purpose Rm/ Kitchen Combination \$110 per day \_\_\_\_\_
- Gym/Classroom (except Climbing Wall) \$40 per first 2 hours,  
Each Additional Hour \$20 \_\_\_\_\_

Dates From: \_\_\_\_\_ To: \_\_\_\_\_

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

2. Any food or beverage served on WWVA premises must have WWVA consent.
3. User Agrees to pay booking deposit of \$ \_\_\_\_\_ to confirm reservations. Deposit will be 25% of expected Charges  
Use of Auditorium, Multi Purpose Room and Kitchen will require a cleaning deposit or \$100 which will be refunded upon WWVA inspection verifying the rented area returned clean.
4. In the event that keys are issued a deposit of \$20 per key will be asked. This will be refunded upon return of the keys at the end of the use period.

### INJURY AND DAMAGES:

#### A. Insurance

USER will provide its own **General Liability Insurance** for all of its participants brought into WWVA campus for not less than \$1,000,000 for each person/occurrence for bodily injury; and \$1,000,000 for each occurrence for property damages. USER will provide Walla Walla Valley Academy with a certificate of said insurance before the event.

#### B. Indemnity and Damages:

USER agrees that all participants are under direct and complete supervision of the USER and that WWVA has no responsibility in this regard. USER is liable for all damages incurred to any part of WWVA's buildings or property. USER shall hold WWVA harmless from any and all liability from USER'S use of the facility.

WWVA reserves the right to cease any activities and require USER to leave premises if deemed necessary. WWVA assumes no liability for lost, damaged or stolen items of the USER or its participants. USER will reimburse and hold harmless WWVA, its owners, officers, agents or employees against any and all claims of loss, damage to person or property including claims made by the employees of the USER and or its agents arising out of activities conducted by USER and or its guests in WWVA buildings, property or facilities.

**REGULATIONS AND RIGHTS BY WWVA**

- A. USERS will abide by WWVA Regulations, not limited to but including the following:
  1. Washington State Law, Federal Law and WWVA Rules regarding the use of alcohol or intoxicants, tobacco and illegal drugs.
  2. Standards of Modesty and Christian sexual propriety
  3. Since WWVA is a Seventh-day Adventist organization, please observe the Sabbath accordingly.
  4. Cooking only allowed with authorized permission of the WWVA Administration.
  5. Fire Arms, weapons, ammunition, fireworks, explosives and highly flammable material are not allowed on academy property.
  6. Tampering with the fire system or fire-fighting equipment may result in fine and/or legal action.

**LIABILITY RELEASE OF MINORS**

User agrees that every minor child, unaccompanied by a parent, will provide the USER medical release for hospital treatment or treatment by a physician, signed by both parents, treatment in the event of an accident or injury.

**CURTAILMENT**

In the event that WWVA buildings, properties or facilities are destroyed or substantially Damaged by fire or other casualty and agreement impractical only for those services, USER hereby waives any claim for damages or compensation resulting from fire, casualty or other circumstance causing curtailment of this agreement.

**CONTRACT PARAMETERS**

This agreement is not binding until countersigned by WWVA. We the undersigned, do hereby enter into this Facility Agreement as witnessed by our signatures below.

USER: I have read and understand all three pages of this Facility Agreement and agree to abide by all the terms outlined.

\_\_\_\_\_  
USER Official Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
WWVA Representative

\_\_\_\_\_  
Date

<b>Office Use Only</b>	
Administrator Processing this Request _____	Date _____
Accepted _____	Denied _____ Reason _____
_____	
Scheduled Yes / No	Administrator Responsible for Building Supervision