

## **Facilities Use Request Form**

## **Group Requesting Space:**

Invoice date\_

1 1 0 1					
Organization/Individual Requesting Space					
Sponsoring Campus Office or Organization					
Contact Name:					
		Phone:			
		City, State, Zip:			
Type of Event (please provide description of eve	nt):				
Will a Fee be charged for this Event?	Ill a Fee be charged for this Event?  If Yes, Fee Amount: \$				
Building and room number requested***					
Date of event					
Number of people					
Event Time	Set up:	Event:	Tear Down:	 	
IT Support Requested (billed hourly)					
Other Equipment Needed  *** If this is a "tabling" event, please list "					
Room Setup Requested:  On behalf of the organization I represent, attached UW-Green Bay, Manitowoc Facility	ease see Facilities I assume respo ity Responsibilit	Use Policies & Proced nsibility for the use ty, Release and Aut	horization Use Policies and	e with the Procedures.	
Signature		(for Orga	nization) Date		
Please complete and return form to Wendi Holschbach, Campus & Executive Officer Asst 705 Viebahn St Manitowoc, WI 54220 P 920-663-7350 holschbw@uwgb.edu	:				
Campus Approval					
Sign:		Title:	Date	):	
Comment:					
Estimated Usage Fee: \$					
*Actual for will be determined following event or					

Invoice amount\_

## Facilities Responsibility, Release and Authorization Form

## UNIFORM STATEMENT OF RESPONSIBILITY, RELEASE, AND AUTHORIZATION FOR USE OF UNIVERSITY FACILITIES-MANITOWOC CAMPUS.

Whereas, the named person or organization desires to use University facilities at the University of Wisconsin-Green Bay, Manitowoc Campus for non-university sponsored activities and/or programs, and the University has approved the use of these facilities, the undersigned does hereby agree as follows:

- To assume full legal and financial responsibility for any and all damages to University buildings, facilities and/or equipment used while conducting this program, and to be responsible for removal of all personal materials prior to leaving the building or facility at the completion of each program/event. Charges will be assessed to the undersigned for restoration and property removal if applicable. The use of confetti and/or affixing tape to any painted surface is prohibited;
- 2) To grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve the health and safety of participants during the use of these facilities including authorizing medical treatment on behalf of participants at the participants expense and of returning the participant to their home;
- 3) To conform to all applicable policies, rules, regulations and standards of conduct as established by the University;
- 4) To voluntarily indemnify and to hold harmless the University of Wisconsin-Green Bay, the Board of Regents of the University of Wisconsin System (Board of Regents), their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney fees) arising out of the use of University buildings/facilities which do not arise out of the negligent acts or omissions of an officer, employee, or agent of the University and/or Board of Regents;

This agreement is valid for University facility use on date in building and room for name of event.

- 5) Upon payment of deposit (if required) and return of this signed form, facilities are permanently reserved for the date(s) requested by the above party. Copies of facility reservations will be sent to the above party after receipt of the above, and will identify any applicable charges that will be billed after the event.
- 6) Cancellation of the event and use of the facilities must be made no later than 15 days in advance and the party will pay charges incurred up to that point.
- 7) In the event that University buildings, property or facilities reserved for this event would be destroyed or substantially damaged by fire or other casualty; or in the event other circumstances render the fulfillment of this agreement impractical or impossible, the undersigned person(s) hereby waives any claim for damages or compensation resulting from fire, casualty or other circumstances causing curtailment of this agreement
- 8) Acknowledges reading this document and understands and accepts the terms as stated:

University of Wisconsin – Green Bay, Manitowoc Campus

Authorized Signature Date	Co-Signature	Date
Please Print Name Here	Please Print Name Here	
Jamie Schramm (or designee)	 Date	