

SKAMANIA COUNTY FACILITIES & RECREATION

Po Box 790 Stevenson, WA 98648

509-427-3980 Phone 866-295-9879 Fax

APPLICATION AND PERMIT FOR USE OF COUNTY FACILITIES

Pursuant to the regulations governing use of the county facilities mentioned herein, the applicant listed below does hereby enter into an agreement with Skamania County Community Events & Recreation for use of the following facilities and/or equipment:

OCK CREEK HEGEWALD CENTER (EAST)

- All
- Auditorium & Kitchen
- Meeting Room

ROCK CREEK HEGEWALD CENTER (WEST)

- All (Meeting Rooms)
- Meeting Room

UNDERWOOD CENTER

- All

SKAMANIA COUNTY FAIRGROUNDS

- All
- Horse Barn
- Small Animal Barn
- Grandstands/Arena
- Ballfield Camping
- Exhibit Hall
- Stock Barn
- Timber Pen
- Covered Arena
- Midway

PICNIC SHELTERS/GROUP CAMPGROUND

- Home Valley
- Prindle Park
- Big Cedars (Group Campsite)

Agency/Individual Renting Facility: _____

Mailing Address: _____ City _____ State _____ Zip _____

Physical Address: _____ City _____ State _____ Zip _____

Phone Number: Day _____ Evening/Cell _____

Date Requested For Use: _____ Time of Event _____

List All Applicable Dates

Time Needing Access for Set Up & Time Anticipated For Cleared Building

Type of Activity: _____

Number of Participants: _____ Admission Collected: Yes _____ No _____

Will Alcohol Be Served or Permitted? Yes _____ No _____ (NOTE INSURANCE & PERMIT/LICENSE REQUIREMENTS!)

OTHER PROVISIONS OR SPECIAL INSTRUCTIONS: _____

PLEASE COMPLETE ALL SECTIONS ON FRONT OF THIS FORM, READ AND SIGN THE BACK.

RENTER/USER AGREES TO THE FOLLOWING TERMS AND CONDITIONS

1. Inspect facility before use, and inspect, clean-up and secure facility after rental use, following and using the facilities User's Checklist. I understand that my deposit may be forfeited in whole or in part, and that I may further be charged for any excess costs incurred as a result of my failure to clean-up and secure facility.
2. If keys are needed, I will pick them up prior to 4:30 pm on the working day preceding my use and deposit them in the key drop box along with the completed facilities User's Checklist at the end of my use.
3. I will provide supervision, crowd control, and adherence to County's policies on smoking, food and beverage consumption.
4. I will prevent smoking in or within 50 feet of building. No open flames will be allowed inside or adjacent to building.
5. Alcoholic beverages, in any quantity, shall not be allowed under any circumstances without written permission and appropriate licenses and certificates as well as security and other provisions established by the Director.
6. I agree to be bound by the regulations, policies, and fees and charges described in the regulations governing the use of the above-mentioned facilities. If an agency, or organization, I certify that I am the authorized representative of such organization and authorized to enter into this agreement. I further agree to protect, indemnify, and hold harmless Skamania County, its public officials, employees, volunteers, and/or agents, from any liability, damages or rights of action directly or indirectly resulting from the use of these facilities covered by this application. In the event that insurance is required for the activity(ies) allowed under this agreement, I agree to provide the County with proof of insurance as specified in the **Skamania County Policy on Liability Insurance Requirements and Procedures for Special Events**. In the event a suit or action is brought on this use, I agree to pay all costs in enforcing any provisions of this allowed use or any other costs incident thereto.
7. User/applicant agrees to the terms of the Skamania County Community Events and Recreation Payment Policy, and understands that any agreements made to alter such policy or change payment requirements are at the discretion of the CE&R Director.
8. Any disagreements or disputes related to this agreement must be directed to Skamania County Community Events & Recreation Director, PO BOX 790, STEVENSON, WA 98648. Please submit your concerns or disputes in writing.

When signed by both parties, provided all required payments are made, this becomes a valid permit for uses, locations, dates and times indicated on this application.

X _____
Signature of Applicant or Agency Representative

X _____
Date

X _____
Print Name of Applicant or Agency Representative

X _____
Date

OFFICE USE ONLY

INSURANCE REQUIRED? Yes or No

SECURITY REQUIRED? Yes or No

Approved By: _____ Date: _____

Facilities Fee Schedule

Total Fee for Facilities: \$ _____

Total Security Deposit: \$ _____

Total Insurance Cost: \$ _____

Total For Event: \$ _____

Payment Information

Date of Deposit: _____ Staff Initials: ____ Date of Final Payment: _____ Staff Initials: ____

Refund Information

Refund Security Deposit? Yes or No Date Refund Requested/Processed: _____ Staff Initials: _____
Date Refund Issued: _____ Treasurer's Check #: _____