

## Central Cascades Fire & EMS

### Letter of Instruction & Facilities Use Agreement

We are pleased to share our facilities and hope you find everything needed to make your meeting a success. To enable us to continue making our building available to public groups, we ask your compliance with the following regulations:

1. You are asked to sign this form giving the name of the user group or organization, the person responsible, and a contact phone number.
2. Groups or organizations granted use of the District building may be required to provide a certificate of insurance showing \$500,000, or greater, combined single limit of liability for bodily injury and property damage, prior to use of the facilities. (attach)
3. Reservations should be made at least one week in advance.
4. Prior to the scheduled use, a responsible adult group representative must be designated and present. The representative is responsible for/to:
  - a. Building and Office security shall be maintained at all times.
  - b. Building access is obtained by contacting the Facility Manager prior to use.
  - c. Receive and provide group orientation to facility safety features; extinguishers, exits, etc., prior to use.
  - d. Insure adherence to district facility use rules and guidelines.
5. After use, all tables, chairs, etc. shall be returned to their original locations and positions. All spills shall be cleaned, chalk boards/white boards erased, tables cleaned, trash removed, doors and windows locked and lights turned off. The building should be left clean and orderly.
6. The user group or organization shall be responsible for; damage to the building, lost, damaged or misplaced equipment and any losses deemed to be the group's responsibility.
7. The posted occupancy limit shall not be exceeded.
8. If an individual with a disability is in attendance, a person must be designated from the group to assist them as necessary.
9. All functions conducted in District facilities shall be in accordance with state, county and district standards and not in violation of any state, county or district ordinance or regulation.
10. Smoking is prohibited in all District facilities and within 10' of all doors & windows.
11. Consumption of alcoholic beverages is prohibited in all Fire District facilities.
12. Groups are responsible for furnishing their own materials, equipment and supplies and for replenishing any District materials used.
13. Animals are not allowed in the building due to health and safety concerns.
14. Groups or organizations granted use of the District's buildings must confine their activities to that part of the building that the Fire Chief has designated.
15. No activity shall interfere with any other activity taking place in the building.

16. Parking is permitted in designated areas only and must not impede District operations.
17. Phone use will be limited to local calls in designated areas.
18. The District will not be liable for items left in the facility by any group.
19. A closing hour of 10:00 PM shall be adhered to as reasonably as possible.
20. All users shall sign-in on the Facility Log Book listing; Date, Name, Activity, Time-In and Time-Out.
21. Failure to follow district facility use policies shall be grounds for removal from the premises.
22. The District reserves the right to cancel any reservation if the facility is needed for District business.

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**I HAVE READ AND AGREE TO THE ABOVE REGULATIONS. Additionally, I, the undersigned, will be responsible for all damage caused by employees, agents, guests, licensees and attendees and agree to hold the Central Cascades Fire & EMS District harmless from any and all claims, suits, actions or demands for damages or injuries arising out of the use of District facilities.**

Room Reserved: \_\_\_\_\_ Date: \_\_\_\_\_

Set Up Time: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Group/Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Responsible Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Activity: \_\_\_\_\_

Credit Card: # \_\_\_\_\_ Ex. Date: \_\_\_\_\_ CVS: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Approx. number of people using facility: \_\_\_\_\_ Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Organization's insurance agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Chief / Designee      Scheduling Confirmed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Attach Certificate of Insurance if required.  
Central Cascades Fire & EMS is An Equal Opportunity Provider