



Application for Use of Facilities

THE UNIVERSITY OF TENNESSEE AT CHATTANOOGA

Campus Recreation

Aquatic and Recreation Center, Maclellan Gym, Intramural Field and Club Sport Field

Fax: 423-425-5675

www.utc.edu/CampusRecreation

Dept. 7056

Event Title: _____

Event Purpose/Description: _____

Name of Organization Hosting Event _____

Primary Contact _____ Phone _____ Email _____

Address _____ City _____ State _____ zip _____

University Sponsoring Department(s) _____

Primary University Contact _____ Phone _____ Email _____

Responsible University Account #: _____

University Departments will be responsible of all logistics and/or damages for the event

Group Demographics

Estimate of total attendance _____ (break down of attendance) How many participants? _____ How many spectators? _____

Participant Profile _____

Spectator Profile _____

Are any participants under the age of 18 Yes No Guests Include: Campus Only General Public

Check all applicable classifications: Meeting Conference/Workshop Entertainment Solicitation

Political Religious Speaker/Lecture Name & Topic _____

Non-Profit Use Profit Use Other _____

Requested University Services

Any incurred expenses will be billed to the requesting group or contact.

Food and/or Beverages Served? Yes No Name of Catering Company _____

Audio/Visual Needs Requested? Yes No Group must contact Media Resources @ 425-4197.

Specific Setup Requested? Yes No Group must contact Facilities for setup details @ 425-4075.

Location Requested: _____

Room(s) Requested: _____

Day(s) and Date(s) of Event: _____

Reoccurring Dates Start Date _____ End Date _____ Day(s) of the Week _____

Timeline for Event

Start Time (event staff arrives) _____ **Events starts (doors open)** _____

Event timeline _____

Event Ends (doors close) _____ Tear down begins _____ Event Closes _____

Please list different times if multiple days are requested _____

Admission Charged: No admission Charged Participants pre-paid, no sales at the venue

Pay at the Door-Cash Pay at the door- credit card

How is admission confirmed Pre-sold ticket Stamp Wrist band Other_____

Event Managements Logistics

Parking Lot Requested _____ Estimate number of parked vehicles _____

Estimated traffic pattern _____

Any vendor(s) offering products or services? Company Name _____ Phone _____

How many tables _____ Specific set up location _____

How many chairs _____ Specific set up location _____

Please provide a description of table and chair arrangement _____

Specific Setup Requests (electricity, staging, sports equipment(etc) _____

Facilities Use Terms and Conditions

Equal Opportunity Statement

The University of Tennessee at Chattanooga is an equal employment opportunity/affirmative action/Title VI/ Title IX/Section 504/ADA/ADEA institution.

Non-University related requests must be received no less than 4 weeks prior to the event. University related events require 72 hours prior notice.

Safety and Risk Management Statement

In consideration for the permission of the University of Tennessee at Chattanooga to allow use of premises, the undersigned agrees to assume all responsibility and legal liability arising out and in the use of the aforementioned property. The undersigned further agrees to indemnify, save and hold harmless the University of Tennessee at Chattanooga and its employees from any liability arising out of the use of this property. Further, the undersigned agrees to abide by all the rules, standards, or reasonable requests made by the University of Tennessee at Chattanooga relating to the use of these facilities and to adhere to all safety/fire code requirements as set forth by the University and to instruct participants to adhere to same.

Depending on the type of liability exposure, I understand that I may be asked to provide proof of current liability insurance and a certificate of insurance evidencing the University of Tennessee at Chattanooga as listed additional insured.

I have read and understand this agreement, and I am aware of the Facilities Use Terms and Conditions on the attached page. I acknowledge that all listed information is accurate, and I will let the appropriate department know if anything changes before the event. I understand that failure to meet any conditions of this agreement shall result in a cancellation at any time. I understand that this form is an application, and the event should not be promoted until confirmation is received. I will also be responsible for any billing for services incurred.

Sign _____ Date _____

UNIVERSITY USE ONLY

Approved _____ Not Approved _____ Referred to Facilities Use Committee _____

Comments _____

Student Development _____ Setup _____

Parking _____ Security _____

Facilities Management _____ Food Services _____

UTC Action: Rental Amount _____ Contract _____ Insurance _____

Scheduled _____ Date _____ Fees _____ Receipt # _____ Facilities _____

