



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

Department 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

How many participants? _____ How many spectators? _____ Estimated total attendance? _____

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 and 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**

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

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) _____ **Event Starts (doors open)** _____

Event Timeline _____

Please list different times if multiple days are requested _____

Admission Charged

No admission charged _____ 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 Management Logistics

Parking Requested _____ Estimate number of parked vehicles _____

Estimated traffic pattern _____

How many tables? _____ Specific set up location _____

How many chairs? _____ Specific set up location _____

Please provide a description of table and chair arrangement _____

Specific set up requests (electricity, staging, sports equipment (etc) _____

Facilities Use Terms and Conditions

Non-University related requests must be received no less than 4 weeks prior to the event. University related events require 2 week’s 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.

Equal Opportunity Statement

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

Sign _____ Date _____

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.

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 Use Committee Approved _____