

**APPENDIX A
LOS ALAMOS COUNTY
INDOOR FACILITY USE APPLICATION**

FACILITY USE APPROVAL IS REQUESTED IN ACCORDANCE WITH THE ADMINISTRATIVE PROCEDURE GUIDELINE FOR USE AND RENTAL OF INDOOR COUNTY FACILITIES (INDEX NO. 1735).

Application Date: _____

Contact Person: _____ Contact Day Phone: _____ Fax: _____

Applicant: Individual or
Company/Organization Name: _____ Contact Cell/Pager: _____ Home: _____

Address: _____ E-Mail Address _____

City/State/Zip: _____

Event Purpose: _____ Event Date: _____

Arrival Time: _____ Departure Time: _____ Number Of Participants: _____
(Must Include Users Decorating and Clean-up time)

Event Conditions: ___ Food ___ Alcohol ___ Band ___ DJ ___ Tents ___ Rented Equipment from outside source ___
Other (describe) _____

Please check Facility or Facilities requested: Use of facilities is not final until the Indoor Facilities Manager approves this form.

[] Fuller Lodge (Pajarito Plus)

- Pajarito Room
- Curtis Room
- Kitchen
- Green Room
- Patio (Covered)
- Patio (Uncovered)
- Lawn Area

Fuller Lodge (Individual Rooms)

- Zia Room
- Throne Room
- Nambe Room

[] Fuller Lodge Rose Garden

- 50 chair set up
- 100 chair set up
- 150 chair set up

* Please indicate block of time needed:

Senior Center (BESC)

- Great Room
- Classroom A/B

White Rock Municipal Complex

- White Rock Town Hall
- White Rock Town Hall South
- White Rock Activity Room

Equip. Provided (Included w/ Rental)

- PA / Sound System
- Projector & Screen
- Podium

COMPLETE BACK OF PAGE FOR CONTACT & LIABILITY INFORMATION

FOR OFFICIAL USE

Customer Type (Circle One): Indoor Rental CS Contract Local League/Org School Use

Event & Schedule Type: Indoor High Risk Deposit Indoor Low Risk Deposit Charge No Charge Work Credit School Use

<input type="checkbox"/> Noise Permit Required (Band/DJ) [] Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date Received: _____
<input type="checkbox"/> L.A.C. Facility Alcohol Use Permit Required [] Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date Received: _____
<input type="checkbox"/> NM State Special Dispenser Permit Required [] Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date Received: _____
<input type="checkbox"/> Building Monitor Required [] Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date Received: _____
<input type="checkbox"/> Set Up Coordination Required (Parks: Turn Off Sprinklers) [] Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Date Received: _____
<input type="checkbox"/> Additional Conditions or Waivers or Proof of Liability Insurance: _____			

Indoor Facilities Manager Signature: _____

Date: _____

**APPENDIX A
LOS ALAMOS COUNTY
AGREEMENT AND RELEASE OF LIABILITY
(Pursuant to Administrative Procedure Guideline No. 1735)**

Applicant: Individual or Company/Organization Name _____
(Please Print)

Authorized Agent / Contact Person: _____
(Please Print)

- Applicant has the authority to bind the above company/organization and agrees to release and indemnify the County for losses, damages and liabilities as a result of this event.
- Applicant has read and agrees to comply with the Rules and Regulations for Use & Rental Of County Buildings and the Administrative Procedure Guideline for the Sale, Service & Consumption Of Alcoholic Beverages At County Facilities.

RISKS OR HAZARDS INHERENT IN THE ACTIVITY THAT MAY CAUSE DAMAGE TO PROPERTY, ILLNESS, BODILY INJURY, OR DEATH INCLUDE BUT MAY NOT BE LIMITED TO:

- | | |
|-----------------------------------|---------------------|
| Tripping or falling | Animals |
| Adverse weather | Mishap with vehicle |
| Cuts; scrapes; sprains and breaks | Assault/Battery |

I acknowledge that there are certain hazards and risks inherent in this activity, and I understand and appreciate the nature of the risks. I understand that these hazards or risks could result in property damage, illness, bodily injury or death to myself, my family members, or my guests. I agree to fully explain these risks to my family members and my guests prior to the activity.

The activity will take place, at least in part, on lands owned by Los Alamos County, an Incorporated County of the State of New Mexico and this Agreement and Release of Liability is given for the benefit of the COUNTY.

In consideration of LOS ALAMOS COUNTY allowing access to County property, I hereby accept all risk of property damage, illness, injury or death that may be suffered by myself, my family members, or my guests that may result from or occur during participation in the activity, and I hereby release the COUNTY, their governing body, officers, employees and representatives, estates, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to property of myself, my family members, or my guests and for any and all illness or injury to myself, my family members, or my guests, including death, that may result from or occur during participation in the activity, whether caused by negligence of the COUNTY, their governing body, officers, employees, or representatives, or otherwise, and hereby agree to indemnify and hold harmless COUNTY from and against any and all claims, liabilities, damages and costs and expenses that may arise as a result of participating in the activity.

I HAVE CAREFULLY READ THIS STATEMENT AND UNDERSTAND IT TO BE A **RELEASE OF ALL CLAIMS AND CAUSES OF ACTION** FOR ILLNESS, INJURY OR DEATH TO MYSELF, MY FAMILY MEMBERS, OR MY GUESTS OR LOSS OR DAMAGE TO THE PROPERTY OF MYSELF, MY FAMILY MEMBERS, OR MY GUESTS THAT OCCUR WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND AN AGREEMENT TO **INDEMNIFY** THE COUNTY FOR LOSSES, DAMAGES, AND LIABILITIES THAT MAY ARISE AS A RESULT OF PARTICIPATION IN THE ACTIVITY. IN THE EVENT I AM LEGALLY PRECLUDED FROM EXTENDING INDEMNIFICATION TO THE COUNTY, I WILL BE REQUIRED NEVERTHELESS TO AGREE TO BE RESPONSIBLE FOR ALL CLAIMS AND DAMAGES ARISING FROM PERSONAL INJURY OR DAMAGE CAUSED TO PERSONS OR PROPERTY RESULTING FROM MY ACTIVITIES, SUBJECT TO ALL APPLICABLE IMMUNITIES AND EXCEPTIONS. THIS AGREEMENT AND RELEASE OF LIABILITY IS VOLUNTARILY GIVEN.

I AGREE TO FULLY COMPLY WITH ALL APPLICABLE LOCAL, STATE OR FEDERAL LAWS, RULES, AND REGULATIONS. BY SIGNING BELOW, I HEREBY AFFIRM THAT I HAVE THE AUTHORITY TO BIND THE APPLICANT TO THE TERMS AND CONDITIONS OF THIS AGREEMENT.

SIGNATURE OF APPLICANT/OR AUTHORIZED AGENT

DATE

Rev. 10/12/2009