Frederick County Government Facility Reservation Request

Attachment 3

Office of Property Management – 355 Montevue Lane Suite 200, Frederick MD 21702
Phone: 301-600-1494 Fax: 301-600-3517

Applicant Information

(Please Print)

Applicant is: ☐ Individual ☐ Organization

Applicant Name: _____

Address: _____

Contact person if applicant is an organization: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

Is applicant a Federal Government Agency ◯Yes ◯No or a 501(c)3 non-profit ◯Yes ◯No

Facility and Activity

Facility Requested: _____

Description of Activity: _____

Special Requirements: _____

Date(s): _____

Time: From _____ To _____

Conditions of Approval

1. The County, its agents and employees shall not be liable for any loss, damage, injuries or other casualty of whatsoever kind or by whomsoever caused to the person or property of anyone on or off the premises, arising out of or resulting from applicant's use, possession or operation thereof, or from installation, existence, use, maintenance, condition, repair, alteration, removal or replacement of any equipment thereof, and the applicant hereby agrees to indemnify and hold the County, its agents and employees harmless from and against all claims, demands, liabilities, suites or action for such loss, damage, injuries or other casualty.
2. Applicant agrees to:
   - *a.* Maintain peace and good order during the use of the facility.
   - *b.* Prohibit alcoholic beverages, and controlled dangerous substances in the facility.
   - *c.* Prohibit smoking in the facility.
   - *d.* Assume responsibility for any and all property damages to the facility caused by participants, members, guests, or the general public.
3. Applicant has received a copy of the County's Policy on Facility Use of Frederick County Government Buildings Policy and agrees to abide by the policy, including payment of fees, if applicable. **Payment, if required, should be made payable to *Treasurer of Frederick County,* and submitted with this application.**

Applicant: _____ _____ _____

Signature Print Name Date

County Use Only

Fee Charged: ◯Yes ◯No If yes, total amount due: $

◯ Government ◯ County/Employee ◯ Volunteer ◯ Adult ◯ Youth

_____ ◯Approved ◯Not Approved

Building Manager Date

_____ ◯Approved ◯Not Approved

Financial Services Manager Date

_____ ◯Approved ◯Not Approved ◯Conditions

Office of Property Management Date

_____

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