



Verdant Community Wellness Center Facility Request Form

For Verdant Use Only	
Room Confirmed	
Added to Calendar	
Follow-up Email	

Today's Date: _____

CONTACT INFORMATION

ORGANIZATION: _____

MAILING ADDRESS: _____

EVENT CONTACT PERSON: _____ WORK: _____

EMAIL: _____ CELL: _____

RESPONSIBLE PERSON*: _____

* This is the person who will provide event information, sign the facility request form, pay fees (if applicable), and will be considered responsible in case of damage, theft or required cleaning fees incurred during facility use.

User Categories:

- Verdant Funded Program
- Offering health and wellness-focused program content
- Education and support programs that serve South Snohomish County residents

SPACE & USE

HAVE YOU USED THE VCWC BEFORE? Yes No EVENT OPEN TO THE PUBLIC? Yes No

EVENT NAME: _____

EVENT DATE(S): _____ ONE TIME EVENT or RECURRING EVENT

If Recurring, what frequency? _____

ALTERNATIVE DATE(S) IF UNAVAILABLE: _____

EVENT PURPOSE/DESCRIPTION: _____

ANTICIPATED ATTENDANCE: Total: _____ ADULTS: _____ CHILDREN: _____

WILL GOODS/SERVICES BE SOLD AT THE EVENT? Yes No

If yes, describe: _____

Facility hours: Monday through Friday, 9:00 a.m. to 5:00 p.m. Use of the facility outside of normal business hours is subject to availability of after-hours staff.

<u>TIME REQUESTED:</u> *	<i>Arrival Time (including any setup time needed)</i>	<i>Meeting/Event Start Time:</i>	<i>End Time (including cleanup time at end)</i>
_____	_____	_____	_____

*** NOTE *** Please include the setup and cleanup time in your Arrival and End times above.

SPACE REQUESTED:

Cedar Room Birch Room Spruce Room Maple Teaching Kitchen

See Rooms and Resource guide for details about room size and resources. The number of people a room will accommodate may vary depending on room configuration. If use of the Maple Teaching Kitchen is requested, additional forms, proof of insurance and damage deposit may be required.



Verdant does not provide table/chair setup or tear down. You are responsible for configuring the room as you need it and returning the room to its standard layout at the end of your room reservation.

I AGREE TO SET-UP AND RETURN TABLES/CHAIRS TO STANDARD ROOM LAYOUT Yes No

AUDIOVISUAL NEEDS: (Free Wi-Fi is available)

Screen LCD Projector Podium Microphone Podium Other?

Verdant does not provide technical assistance and is not responsible for the setup of AV Equipment. Appointments are available to test your equipment ahead of your event.

FOOD & BEVERAGE:

Will you serve food and/or beverages? Yes No If yes, describe:

Who will prepare the food?

No profit-making activities or events will be considered.

Deposits (if applicable) must be paid in full to confirm facility use and can be paid using credit cards, check or money order. Insurance certificates must be provided before your event/meeting date.

AGREEMENTS

INDEMNIFICATION/HOLD HARMLESS

The user shall indemnify and hold harmless the Verdant Health Commission, its officers, officials, employees and volunteers from and against any and all claims, suits, actions, or liabilities for injury or death of any person, or for loss or damage to property, which arises out of use of the VCWC or from any activity, work or thing done, permitted, or suffered by the user in or about the premises, except only such injury or damage as shall have been occasioned by the sole negligence of the Verdant Health Commission.

The Verdant Health Commission will not be responsible for lost, stolen or forgotten articles.

I have read and understand the rules and regulations for the VCWC and will take full responsibility to abide by those rules and regulations. I do hereby understand that I am responsible for the supervision and control of any group or individuals while using the VCWC to ensure their safety, prevent injury and/or damage to the equipment, property or grounds of the center. The applicant agrees to comply with all facility policies and procedures, and assume liability for any and all damages that are due to the negligence of the applicant.

Please fill out the information below, **including a signature**, and return to Verdant Health Commission:

- Scan and email to: wellnesscenter@verdanthealth.org (preferred)
- Fax to: 425-582-8587
- Mail/hand-deliver to: 4710 196th St SW, Lynnwood, WA 98036

Authorized Signer: _____ Date: _____

Printed Name: _____ Title: _____

FOR VERDANT USE ONLY:	Deposit Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	Apply Deposit to future Events?
Insurance Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Deposit Amount: \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance on file <input type="checkbox"/> Yes <input type="checkbox"/> No	Deposit Received date:	Refund Date: