



Verdant Community Wellness Center Facility Request Form (WC 100)

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

CONTACT INFORMATION

APPLICANT/ORGANIZATION: _____

EVENT CONTACT: _____ WORK: _____

EMAIL: _____ CELL: _____

RESPONSIBLE PERSON*: _____

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

MAILING ADDRESS: _____

USER CATEGORIES:

- Verdant funded program
- Offering health & 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

ALTERNATIVE DATE(S) IF UNAVAILABLE: _____

EVENT PURPOSE/DESCRIPTION: _____

ANTICIPATED ATTENDANCE: Total _____ ADULTS _____ Children _____

WILL YOU OFFER SUPERVISED CHILDCARE? Yes No

IS THERE A FEE TO PARTICIPATE? Yes No

WILL GOODS/SERVICES BE SOLD AT THE EVENT? Yes No If yes, describe:

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

TIME REQUESTED:

Rental Start Time _____ Rental End Time _____ Attendees Arrival Time _____

SPACE REQUESTED:

Cedar Room Birch Room Sequoia Conference Room Cypress Conference Room Maple Teaching Kitchen

See Rooms and Resource guide for details about room size and resources. 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.

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

AUDIOVISUAL NEEDS: Screen Microphone Podium Conference Phone Other _____

LCD Projector

Free WIFI available

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

FOOD AND 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 must be paid in full to confirm facility use and can be paid using credit cards, check or money order

COVID-19 Compliance

I have read and agree to the compliance statement on page 3 of this document.

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 personal signature**, and return to Verdant Health Commission:

- Scan and email to: wellnesscenter@verdanthealth.org
- Fax to: (425) 582-8527
- Mail to: 4710 196th Street 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 <input type="checkbox"/> Yes <input type="checkbox"/> No
	Insurance Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance on File <input type="checkbox"/> Yes <input type="checkbox"/> No
Deposit Amount: \$ _____	Received Date: _____	Refund Date: _____



COVID-19 Compliance – The user will take extra precautions to prevent the spread of COVID-19. The following recommendations are subject to change at any time based on guidance from our local public health agency and CDC.

Updated: As of April 1, 2022

*Masks are optional while in VCWC. All participants will be encouraged to wear a face mask that covers their nose and mouth while in the building. Verdant can provide a mask to individuals if needed

*We are reducing the number of participants for these events to accommodate social distancing. The number of participants will be limited to a social distance of at least three feet apart.

*Cleanliness is a priority. The facilitator will be responsible for cleaning and disinfecting the space before leaving, focusing on high-touch and high use areas. Disinfecting wipes and sprays are available upon request.

Thank you for your cooperation!