



# Verdant Community Wellness Center Facility Use 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?

Anything other than catered or pre-packaged foods may require food handlers and kitchen use agreement.

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 card or check 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](mailto:wellnesscenter@verdanthealth.org) (preferred)
- Fax to: 425-582-8587
- Mail/hand-deliver to: 4710 196<sup>th</sup> St SW, Lynnwood, WA 98036

Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

<b>FOR VERDANT USE ONLY:</b>	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: