



Hot Sulphur Springs Parshall Fire Protection District *(HSSP) APPLICATION FOR USE OF FIRE STATION MEETING ROOM

(Drop off at station, Mail, or Email to admin@hotsulphurfire.com)

Organization name: _____

Contact person: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email Address: _____

Note: Applicant is responsible to notify HSSP of any change in contact information.

Emergency Contact: _____

Emergency Contact Phone: _____

Room Requested: _____

Date of Meeting: * _____

Purpose of Meeting: _____

Time: From _____ to _____

Number of Attendees: _____

*Application will not be accepted if more than six (6) months in advance of meeting date.

Y N

Will any admission or tuition be charged?

Will there be any sales or fundraising taking place?

Will children be present? If yes, number of children ___ and adult-to-child ratio = ___

Is this meeting to directly or indirectly support or oppose a campaign for public office or ballot?

See Rules regarding meeting room usage.

HOLD HARMLESS / INDEMNIFICATION AGREEMENT

The undersigned hereby makes application for use of District facilities described above and certifies that the information given in the application is correct. The undersigned further states that he/she has the authority to make this application for the applicant and agrees that the applicant will observe all rules and regulations of the District. The applicant agrees to exercise the utmost care in the use of said premises and property, and shall be responsible for any and all damage to the District's premises and property and shall be responsible for all actions, behavior and damages caused by their guests/attendees. The District is not responsible for accidents, injury, illness or loss of group or individual property. THE APPLICANT AGREES TO HOLD HOT SULPHUR SPRINGS PARSHALL FIRE PROTECTION DISTRICT HARMLESS AND DEFEND IT FROM ANY AND ALL CLAIMS BY ANY PERSON ARISING FROM USE OF SAID FACILITIES. THE APPLICANT FURTHER AGREES TO REIMBURSE HOT SULPHUR SPRINGS PARSHALL FIRE PROTECTION DISTRICT FOR ANY DAMAGES ARISING FROM THE APPLICANT'S USE OF SAID FACILITIES. **I have read, understand and agree to abide by the District's**

Public Meeting Room Guidelines. Initials: _____

Date: _____ Signature of applicant: _____

Office Use Only

For Office Use Only

____ Approved

____ Denied

Date: _____ by _____

Posted to Master Calendar: