

WASHINGTON STATE SCHOOL FOR THE BLIND

2214 East 13th Street-Vancouver, WA 98661
(360) 696-6321 ext. 120/(360) 737-2120 (fax)
www.wssb.wa.gov

FACILITY REQUEST AND ASSUMPTION OF RISK AND RELEASE FORM (2016-2017 School Year)

Date of Application:

Your Name:

Name of Organization:

Phone Number:

Email Address:

Mailing Address:

City, State, Zip:

Facility/Room Requested:

Begin Date:

Begin Time:

End Date:

End Time:

Select One:

One Time Use

Weekly

Bi-Monthly

Monthly

Other:

Intended Use:

Equipment Requested:

Dates facilities will not be available for the 2016-2017 school year: November 24-25, December 25, January 1

ASSUMPTION OF RISK AND RELEASE

We are aware that during our involvement in the activity in which we are participating under arrangements of the School for the Blind, there is a high risk that certain dangers may occur, including but not limited to the hazards of traveling, accidents, or illness, the forces of nature, and that medical care and/or facilities will not be immediately available. In addition, if our rental arrangement is to include use of the Kennedy Pool, we understand and agree to supply a lifeguard on deck at all times.

In consideration of and based upon our right to participate in such high risk activities, we have had explained to us the risks involved, and do hereby assume all of such risks and will hold the school, its employees and officers, harmless from any and all negligence, liability, actions, causes of action, debts, claims, demands of every kind and nature whatsoever which may arise of or in connection with my participation in the activities arranged by the School for the Blind. The terms hereof shall serve as a release and assumption of risk for our heirs, executor and administrator, and for all members of our family including any minors accompanying us.

Signature

Date

User Category:

A

B

C

Staff to provide access:

Yes

No

Keys/Keycards Needed:

Yes

No

Rental Fee:

Supervision/Custodial Fee:

Equipment Fee:

Total:

Fees payable upon receipt of monthly invoice. Non-payment will result in loss of future access to facilities.

Limitations or additional requirements:

Approval

Date