



FACILITY USE APPLICATION

Fax, email or mail completed form with proper signature & attached insurance certificate to:

SCAQMD
21865 Copley Drive Diamond Bar, CA 91765-4182
Reservations Tel. (909) 396-3378 Fax (909) 396-3350
Email: aqmdreservations@aqmd.gov

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Email: _____

Telephone : _____ Fax: _____

Description of Organization (profit/non-profit, goals, etc):

Date(s) and Time(s) of Proposed Meeting(s):

Date	Starting Time	Ending Time	Room (for office use)

Date	Starting Time	Ending Time	Room (for office use)

Number of Persons Attending: _____ Preferred Room: _____

Purpose of Event: (Attach copy of agenda if available)

(continued on next page)

As authorized representative for the above-referenced organization, I understand that SCAQMD retains the right to deny use privileges to any group that **a)** advocates discrimination based on race, creed, sex, color, ethnic origin or religion, **b)** could cause a disturbance, demonstration or disruption by its presence on SCAQMD property, or **c)** whose use is inconsistent with SCAQMD purposes and with facility use guidelines. I also attest that I have read, understand, and agree to comply with SCAQMD rules and regulations contained in SCAQMD's Facility Use Policy and that I agree to reimburse SCAQMD for any loss or damage to the facility resulting from my organization's use of the facility and to indemnify SCAQMD as stated below.

Liability Insurance – Attached is evidence of general liability insurance with a minimum limit of One Million Dollars (\$1,000,000) per occurrence, with SCAQMD named as an additional insured on the liability policy.

Workers' Compensation Insurance (*for facility users with employees*) – I attest that my organization has workers' compensation insurance which meets all statutory requirements of the Labor Code of the State of California and which specifically covers all employees providing services on behalf of my organization and all risks to such persons under this application.

Indemnification - By my signature below, the organization hereby agrees to indemnify, defend and hold harmless SCAQMD, its agents, officers, officials, employees, representatives, and successors-in-interest against any legal proceeding in law or equity, and further, shall indemnify, defend and hold harmless SCAQMD and its agents, officers, officials, employees, representatives, and successors-in-interest from and against any and all claims, liability, demands, suit, judgments, expenses, costs, and other legal expenses of every kind to which SCAQMD may be subject by reason of any act or omission, whether intentional or negligent, or from strict liability, by SCAQMD and its agents, officers, officials, employees, representatives, and successors-in-interest; by the facility user, its agents, officers, officials, employees, representatives, and successors-in-interest; or by any participant, invitee, attendee, sponsor, or any third person who is or is not an invitee, attendee, or sponsor; and arising from or related to any meeting or event held by the facility user at or within SCAQMD's facility (as defined in SCAQMD's Facility Use Policy).

FACILITY - For purposes of this policy and with respect to indemnification, the term "facility" means any part of SCAQMD's Diamond Bar headquarters site, and includes, but is not limited to, whether or not being used by the facility user, each conference room, the auditorium and the cafeteria, described below, as well as the library, areas restricted to SCAQMD employees or building tenants, leased areas open to the public, fitness center, childcare center, building lobby area, auditorium lobby, grounds, walkways, courtyard, patio, parking lot, and restrooms.

Signature: _____

Title: _____

Insurance Certificate Attached **Date:** _____