



## Department of Children, Youth, and Families

### Facility Short Term Use Application and Agreement for Outside Organizations and Individuals

NAME OF ORGANIZATION OR INDIVIDUAL MAKING REQUEST (REQUESTOR)			
MAILING ADDRESS OR MAIL STOP		CITY	STATE ZIP CODE
CONTACT PERSON		PHONE NUMBER (INCLUDE AREA CODE)	
REQUESTED USE DATE RANGE	REQUESTED USE TIME : <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> All Day	REQUESTING AREA FOR USE (PREMISES) <input type="checkbox"/> Conference Room <input type="checkbox"/> Other: <input type="checkbox"/> Site <input type="checkbox"/> At (specify facility or campus):	
Departure time (event must end before _____)		TYPE OF ACTIVITY	ESTIMATED ATTENDANCE

DCYF facility/room/site contact \_\_\_\_\_ at \_\_\_\_\_.

#### Terms and Conditions:

- Department of Children, Youth, and Family (DCYF) has priority use for all area on premises. In case of an emergency, DCYF may cancel an existing reservation to accommodate DCYF business. If the Requestor's reservation is canceled, they will be notified by DCYF personnel as soon as possible.**
- Access for Requestor is limited to the room, site, or other area requested in this Agreement and shall not be extended without express written consent.
- Use of the facility is limited to the room or site requested.
- The Requester will notify DCYF of any individual's misconduct. This may affect the Requestor's future use of the facility.
- Activities that violate state or federal law, pose a potential for the disruption of DCYF business, are a potential hazard to public safety, create a legal liability or cost to the State or DCYF, or may damage public property are prohibited in any DCYF facility and on the premises.

#### The Requestor is responsible for the following:

- Requestor must supply any equipment needed. Upon departure, Requestor shall take the items they brought with them. DCYF is not responsible for abandoned material and equipment.
- All required set-up and general clean up of the Premises after Requestor's use and returning the Premises to layout as was originally set up and/or the condition Premises was originally found.
- The entry and exit of all Requestor's group members from the Premises.
- The Requestor may be charged for damage beyond normal wear and tear and responsible for incurred costs beyond operating costs and will accept all liability associated with their use of the Premises.
- DCYF has a legal and ethical responsibility to safeguard the privacy of all residents and patients, and protect the confidentiality of their health information. In the course of Requestor's activity at Premises, Requestor may come into contact with residents and/or patients and their confidential information. Requestor understands that such information must be maintained in the strictest confidence. Requestor hereby agrees that they will not at any time disclose any resident or patient information to any person whatsoever. Requestor understands that violation of this agreement may subject them to civil liability and criminal penalties under the provision of the law.

Please note: *Failure to comply with these requirements could affect ability to reserve the Premises in the future*

**The undersigned has read and agrees to comply with these terms and conditions. Requestor is responsible for any expenses incurred for repair or replacement attributable to Requestor's use of the Premises. The State of Washington and DCYF shall be indemnified and held harmless for any malfunction, injury, liability or property damage arising from Requestor's use. Upon receipt of application a decision of approval or non-approval will be made and the contact person will be notified. All participants will observe applicable regulations, rule, and policies.**

Use of Premises: <input type="checkbox"/> Approved <input type="checkbox"/> Not approved	SIGNATURE OF REQUESTOR	DATE
Schedule exception: <input type="checkbox"/> Approved <input type="checkbox"/> Not approved Early access: <input type="checkbox"/> Approved <input type="checkbox"/> Not approved	SIGNATURE OF APPROVING AUTHORITY	DATE

