



FACILITY USE APPLICATION AND AGREEMENT

South Coast AQMD • 21865 Copley Drive • Diamond Bar, CA 91765

Email completed form with signature and attached insurance certificate to:

AQMDReservations@aqmd.gov

For reservations requesting room GB, please include GB Set Up Template

Organization Information

Name of Organization: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Contact Person: _____		
Email: _____	Phone: _____	
Description of Organization (profit/non-profit, goals, etc.): _____		

Reservation/Event Information

Proposed Date(s)*: _____	Start Time: _____
_____	End Time: _____
*Dates provided must be for a single event and consecutive days. Separate events require individual application submittals.	Preferred Room: _____
Number of Persons Attending: _____	Audiovisual Equipment (Y/N): _____
Purpose of Event: (Attach copy of agenda if available) _____	

Audiovisual (AV) Equipment Request*

Start Time for AV usage: _____	End Time for AV usage: _____
Equipment and/or Software needed: _____	

Purpose of Equipment and/or Software needed: _____	

*For the use of any audiovisual equipment in any of the conference rooms, South Coast AQMD's audiovisual technician must be present to operate the equipment. Use of audiovisual technician services during non-business hours will require reimbursement to South Coast AQMD at a rate of \$65/hour, with a minimum of two (2) consecutive hours.

FACILITY USE AGREEMENT

As authorized representative for the above-referenced organization, I understand that South Coast AQMD retains the right to deny use privileges to any group that a) advocates discrimination based on race, ethnicity, religion, color, national origin, ancestry, physical or mental disability, medical condition, genetic information, marital status, registered domestic partner status, pregnancy, sex (including childbirth, breast feeding, and related medical conditions), age, gender, gender identity or expression, sexual orientation, uniform service membership, veteran status, or any other characteristic protected by state or federal employment discrimination laws, b) could cause a disturbance, demonstration or disruption by its presence on South Coast AQMD property, or c) whose use is inconsistent with South Coast AQMD purposes and with facility use guidelines.

I also attest that I have read, understand, and agree to comply with South Coast AQMD rules and regulations contained in South Coast AQMD's Facility Use Policy and that I agree to reimburse South Coast AQMD for any loss or damage to the facility resulting from my organization's use of the facility and to indemnify South Coast AQMD 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 South Coast AQMD named as an additional insured on the liability policy.

Worker's 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 South Coast AQMD, 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 South Coast AQMD 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 South Coast AQMD may be subject by reason of any act or omission, whether intentional or negligent, or from strict liability, by South Coast AQMD 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 or at within South Coast AQMD's facility (as defined in South Coast AQMD's Facility Use Policy).

FACILITY – For purposes of this policy, and with respect to indemnification, the term “facility” means any part of South Coast AQMD's Diamond Bar headquarters site, and conference room, the auditorium and the cafeteria, described below, as well as the library, areas restricted to South Coast AQMD employees or building tenants, leased areas open to the public, fitness center, childcare center, building lobby area, auditorium corridor, grounds, walkways, courtyard patio, parking lot, and restrooms.

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- I, the undersigned, on behalf of the above organization, have carefully read this Facility Use Application and Agreement and South Coast AQMD's Facility Use Policy and fully understand its contents. I have read and agree to comply with South Coast AQMD's Facility Use Policy.
 - I have attached the insurance certificate to this application.
 - If using GB, I have attached the GB Set Up Template.
 - If using audiovisual equipment, I have completed the audiovisual equipment request portion in detail.

Signature: _____

Print Name: _____

Title: _____ Date: _____

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