	357 Foi	VNSHIP FIRE DIS rding Island Road tie, SC 29909	TRICT	Form TD:033-3 Page 1 of 2		
S ③C	FACILITY	USE APPLICATION	Office: 843-757-10	09		
Please use this form to reques located at the address above be given via e-mail. All facilitie	on Highway 278 near	St. Gregory Catholic Ch	nurch. Approval of your ap			
EVENT/MEETING INFORMAT above, via fax to 1-843-757-73			nted and submitted to the	address		
Application Date:	Name of Organi	zation:				
Please categorize the organi	zation holding the m					
Non-Profit Community Organization – Local organizations engaged in education, civic or cultural activities.						
○ For-Profit – Primarily Businesses or entities that receive financial gain, return, or benefit from their activities.						
All "for-profit" organizations will be charged a rental fee of \$25 per hour for a minimum of 2 hours.						
Name of Responsible Party:						
	Home Phone #:	_	Cell Phone #:			
E-mail Address:						
Purpose of Meeting:						
Room Requested: Confer Max Capac	ence Room ity: 10 (chairs and table)	1/2 of Classroom Max Capacity: 40	Whole Classroo Max Capacity: 80 (or			
Meeting reoccurs each (Ex: 3rd Friday, 2nd Monday, etc)		he month. Start Time: annot accommodate requests for	End Time: r use during business hours: Mon-Fi	i from 8am - 5pm		
1st Meeting Date:	2r	d Meeting Date:		her dates under (up to 6 months)		
By signing below, you	acknowledge and ag	ree to inform all meet	ing attendees of the follo	owing:		
•All areas off limits to guests a						
• Use of copy machine or other						
 There is no food or drink allowed in the meeting rooms. All facilities are tobacco-free and smoke-free. These includes smokeless tobacco and vaping. 						
• All vehicles must utilize marked parking spots (no parking in front of station bays, on grass nor on landscaping)						
Non-Fire Department groups must provide their own audiovisual equipment.						
 Meetings and programs for ch Room set up and tear down is leave the room in the conditio facility use privileges. 	the responsibility of the	individual/group using the	e room. The responsible part	y MUST		
· · · ·			Comments:			
Signature of Pesn	oncible Darty	Date				
Signature of Responsible Party Date OFFICE USE ONLY						
Date Received:	Received by:		Comments:			
			commonto.			
Room Available: 🗌 YES 🗌 N	0 Fee: 🗌 NO 🗌 Y	ES Amount:	Date Paid:			
	Due by:		Policy Received Expires:			



BLUFFTON TOWNSHIP FIRE DISTRICT 357 Fording Island Road Okatie, SC 29909 Office: 843-757-1009 HOLD HARMLESS AGREEMENT

(Must be turned in with Facility Use Application & Certificate of Liability Insurance)

I wish to use the facility owned and/or maintained by the Bluffton Township Fire District for the purposes of

I understand that I may be charged a fee for use, and that, in additional consideration for allowing me to use the facility, Bluffton Township Fire District expects that I will be legally responsible for all that may occur relative to my activities, and that I will further hold Bluffton Township Fire District harmless for all claims of any type that might result from my activities. Specifically, I understand:

- Bluffton Township Fire District does not supervise my activities or the facilities in any fashion. Bluffton Township Fire District does not allow the use or possession of alcohol on its properties. I certify that all activities will be in full compliance with any local, state, or federal laws or regulations.
- 2. I cannot rely upon Bluffton Township Fire District for assurances, expressed or implied, that my activities will not cause harm to me or others. By allowing me to utilize the facility, Bluffton Township Fire District is also making no assurances whatsoever that no harm will come to me, my invitees, or my guests either by my activities, or by the facility itself. I am fully responsible to ensure that the facility is adequate to engage in my activities safely, and in the event that I deem that they are not, I will refrain from any activities. This will be my sole responsibility.
- 3. I understand the activity that I will engage in and the risks associated with the activity. The Bluffton Township Fire District provides me with no information in this regard, and in the case that I am not able to hold the activity safely, I will refrain from any activities. This will be my sole responsibility.
- 4. Not only do I agree to be legally responsible and defend, indemnify, and hold harmless Bluffton Township Fire District or any of their agents or employees for any harm that may come to me, my fellow members, my guests, or my invitees as a result, direct or indirect, to me as a result of the activities or as a result of the facilities, but in consideration of the use of the facility, I further agree to defend, indemnify, and hold harmless Bluffton Township Fire District, or any of their employees for any claims, including those resulting from alleged acts of negligence on any of their part.
- 5. It is my knowing intention to provide the Bluffton Township Fire District, and any of their agents, employees or members the broadest protections against lawsuits that are available.

I have read the above information, agree to it, and have had an opportunity to ask any questions that I have. If I am signing on behalf of an organization, I certify that I am authorized to agree to the terms and conditions of this agreement on my behalf of the Bluffton Township Fire District, and the organization's members.

THIS REQUEST WILL NOT BE PROCESSED WITHOUT YOUR ORGANIZATIONS CURRENT CERTIFICATE OF LIABILITY INSURNANCE ATTACHED.

Signature of Responsible Party	Organization	Date