



County Commons - Frisco

Organization: _____

Contact Name: _____

Phone No.: _____ E-Mail Address: _____

Mailing Address: _____

Meeting Name: _____ # of Participants: _____

Select One: Recurring Meetings – If consistent, days and times: _____

Single Meeting – date and time: _____

Non-Profit Status: _____

Room & Capacity:

- Buffalo Mountain: 60 person capacity
- Mt. Royal: 45 person capacity

Amenities (subject to availability):

- Tables & Chairs
- Dry-erase boards
- Sink and counters

For more information regarding availability, please contact the Community & Senior Center at 970-668-2956. Staff is available to help answer your questions and finalize the details of your reservation.

ALL ROOM APPLICANTS – READ, INITIAL, AND SIGN FULL NAME BELOW:

_____ I have received, reviewed, and agree to comply with the regulations set forth in the Policies and Procedures for the Use of the County Commons Meeting Rooms.

_____ I agree to indemnify and hold harmless Summit County Government for all claims arising out of the use of the Community & Senior Center, including personal injury, bodily injury, and property damage claims. I understand that private property brought onto County grounds is the sole responsibility of the owner. The County assumes no responsibility for damage to or loss of private property or for personal injury that may occur on County property.

_____ I understand and take full responsibility for returning the room to standard condition including returning tables/chairs to the configuration provided in room layout diagram.

_____ All information in this application is complete and accurate.

By signing below, I acknowledge and understand that Summit County Government does not provide any insurance or coverage for the public use of County meeting rooms. As such, it is my responsibility to obtain the proper insurance for this event/meeting and participants. Should I chose not to insure this event/meeting, I will inform the participants of my decision and all associated risks of such decision. I further acknowledge and understand that should I choose not to obtain insurance, I may be personally liable for any accidents and/or injuries that occur during this event/meeting.

Applicant Signature

Date