# APPLICATION FOR USE OF CAMPUS FACILITIES

**Please complete the application and submit it to the Office of the Vice President of Instruction and Student Services (Blue Ridge Community College, P. O. Box 80, Weyers Cave, VA 24486) at least ten calendar days in advance.**

**1. Name of applicant and application date:** _____

**2. Name of organization:** _____

**3. Itemized facilities required, special equipment, etc.:** _____

**4. Activity Schedule:**

| Date | Day of Week | Nature of Activity | Time of Activity: Beginning/Ending |
|---|---|---|---|
| | | | |
| | | | |

**5. The undersigned hereby make(s) application to the Commonwealth of Virginia, Blue Ridge Community College, for use of the College facilities listed above. It is understood that the College makes no promise, representation, or warranty as to the fitness or condition of the said facilities, notwithstanding anything to the contrary. The undersigned warrants that the applicant will observe all rules and regulations of Blue Ridge Community College, and that the applicant will exercise the utmost care in the use of the College's premises and property, and will make good any loss or damage to said premises and property which arises during or as a result of applicant's use thereof, no matter what the cause. The user understands and agrees that it is responsible for the acts/omissions of all of its participants or other using the premises as a result of the agreement.**

**6. The undersigned agrees to indemnify and hold harmless the Commonwealth of Virginia, Blue Ridge Community College, its agents and employees, from any and all claims including injuries to persons and/or propriety arising, directly or indirectly, out of such use. The undersigned further releases the Commonwealth of Virginia and the College, including its agents and employees, from any damage to or loss of its property while on the College premises, no matter the cause.**

**7. The College reserves the right at all times to terminate use of the facility or to require user, or any participant with user, to leave the College premises. This agreement is not assignable.**

_____

**Applicant's Signature** **Street Address**

_____

**City** **State** **Zip** **Telephone Number**

_____

**FOR OFFICE USE ONLY**

**Date Received:** _____ **Room Assignment:** _____

☐ **Approved** ☐ **Disapproved** **Signature:** _____

**Distribution:**

1. **Applicant**
2. **Academic Deans' Office**
3. **Audio-Visual**
4. **Buildings and Grounds**
5. **Counseling**
6. **Public Relations**
7. **Receptionist/Admissions and Records**
8. **Security**
9. **Workforce Services and Continuing Ed.**

**Copy:** _____

_____

| **Fees (if appropriate)** |
|---|
| **Custodial Services** |
| **Security Services** |
| **TOTAL** |

**This form has been approved as to form and substance by the Attorney General's office. BRCC 5/88**