

Raymond B. Preston Health & Activities Center Facility Rental Agreement

Thank you for choosing to rent the Raymond B. Preston Health & Activities Center for your special event. In order to ensure that your visit is as pleasant as possible, Preston Center Staff requests that the designated contact person/event sponsor be responsible for sharing the following information with all event participants. Please initial each item and complete all blanks below requesting information. This agreement should be returned to the Preston Center at least two weeks prior to your special event:

| Events sponsors and participants will abide by all Preston Center, IM-REC Sport WKU rules and regulations while visiting the Preston Center. | |
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| Participants will not hold the Preston Center of any of its employees liable for injuries that participants may incur during the special event. | |
| Proof of event insurance, covering participants and spectators, will be provided to Preston Center Staff no less than one week prior to event date to allow for verification by Preston Center Staff. | |
| Any violent, threatening, or lewd behavior will subject the event to immediate cancellation and fees will be forfeited. | |
| All participants will enter together and will be accompanied by the delegated representative(s) of the event. Teams will enter together with coaches. The total number of participants will not exceed the pre-approved number authorized by Preston Center Staff. | |
| All event spectators will sign-in upon entering the facility. | |
| Food, tobacco, and gum are prohibited in the Preston Center. | |
| Water coolers and other drinks will not be taken onto the hardwood surfaces. Water coolers can be placed on the tile near Court 1 and in the recessed area near Court 6. Ice will be made available by Preston Center Staff. | |
| Participants will enter only those recreation areas in the facility that have been outlined in this agreement. | |
| Event sponsors will be responsible for any broken equipment that may result from use during the special event. | |
| Event sponsors will be responsible for clean-up of waste including emptying all trash | |

| | Children under the ag | ge of 14 will not be left unattended a | at any time. | | |
|--|--|---|--|--|--|
| | Event representatives will care for any injury involving participants or spectators. The Preston Center will provide a first aid room, training table, ice, and bandages. An incident report will be filled out for all injuries and when first aid supplies are administered. All calls for emergency personnel will be made by Preston Center Staff upon request by the event representative. Staffing fees will apply if facility rental times exceed normal Preston Center operational hours. | | | | |
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| | otherwise specified b | fees will be due one week in advanc by Preston Center management. Any of the completion of the event. Cer | y additional fees incurred will be | | |
| Today's Date | : | Event Date(s): _ | | | |
| Event Name: | | Contact Person: | Contact Person: | | |
| Telephone N | umber: | Address: | Area(s) to be rented: | | |
| E-Mail: | | Area(s) to be ren | | | |
| Rental Fee: _ | | Staffing Fee: | | | |
| Additional Fo | ees (if applicable): | | | | |
| Department of I including, but no pressure, chest a permission from voluntarily using participants hero By signing below | ntramural-Recreations of limited to, injury, cre liscomfort, nausea and their physician before g these facilities and se eby agree to expressly w, I assume the respon | ing the Preston Center facilities, and Sports, participants may experied amps, transient light-headedness, playossible death. I acknowledge that engaging in any exercise activity, ervices with the knowledge of the dassume and accept any and all risk stibility of the event representative accility rental listed above, | nce potential health risks fainting, abnormal blood t participants should obtain and that the participants are angers involved. The s of injury or death. | | |
| Event Represent | ative | Event Name | Date | | |
| | F | OR IM-REC SPORTS USE ONLY | | | |
| Date Agreement Rec | eived: | Date Event Confirmed: | | | |
| Date Proof of Insuran | nce Received: | | | | |
| Brad Stinnett, Assis | stant Director, Facilities | Date | | | |