

Mount Vernon Pool GW Rental Approval Form

This Form Does Not Confirm A Reservation. It is a request for space. Please complete all information requested and return to **Crystal Oley** at mvcpool@gwu.edu or via fax at **202-994-1764**. If all information is not provided, this request will not be processed. This form must be turned in at least (1) month prior to the event date to ensure adequate processing.

Rental Information:

Activity: _____ Fall Spring Summer (Check One)

Name of Organization (if applicable): _____

Name of Primary Contact: _____

Telephone: _____ Email: _____

Age of Participants: _____ Expected Number of Participants: _____

Rental Dates and Times Requested: 1.) _____ 2.) _____
3.) _____ 4.) _____

Projected Expenses:

Administrative Fee:

\$50 for each rental request \$ _____

Rental Fee:

30 Participants or Less: \$150 for each 1 hour \$ _____

Above 30 Participants: \$150 each hour + \$5 each additional participant
\$ _____

Equipment:

additional tables sound equipment

Number selected above Cost

_____ x \$20 = \$ _____

EXPENSE TOTAL: \$ _____

*All advertising including GW logos must be approved by The George Washington University

Administrative Use Only (initial & date)	
Date Submitted _____	Date(s) Approval _____
Expense Approval _____	Certificate of insurance _____
Brochure Approval (If Applicable) _____	

GW MOUNT VERNON ATHLETIC COMPLEX

Access and Usage

1. Any changes in event times and dates must be communicated and approved by calling 202-994-5480 at least one week prior to the event.
2. Due to maintenance or emergencies, facility use can be canceled based on the discretion of Mount Vernon Athletic staff. Rescheduling can be coordinated by calling 202-994-5959.
3. All participants, parents, and coaches must enter the facility via Whitehaven Street. For more information on parking and directions please visit: <http://gwsports.cstv.com/student-ath-ctr/gewa-vernon-facility-directions.html>
4. The MVCPool must be left in the same condition as found. Any facility or equipment damage must be communicated to the Mount Vernon front desk immediately.
5. **Indemnification Clause:** Client agrees to defend, indemnify, and hold harmless the University and its board members, trustees, officers, employees and subsidiaries, irrespective of their negligence or fault, from and against any and all claims, actions, judgments, damage, liabilities and expenses incidental thereto (including but not limited to reasonable attorney's fees) imposed upon, incurred by or asserted against any or all of them as a result of injury, death, disease, or occupational disease to any person, and for damage (including environmental contamination and loss of use) to or loss of any property, including property of the University arising out of or in any degree directly or indirectly caused by or resulting from: (1) activities of or work performed by Client, its officers, employees, contractors, subcontractors, or any other person acting for or by permission of Client; or (2) any breach of this Agreement by Client, its officers, employees, contractors, subcontractors, or any other person acting for or by permission of Client. The foregoing obligation shall not extend to situations where the negligence or fault of the University, its officers, directors, employees, agents, servants, or subsidiaries, is the sole causal negligence or fault; provided, however, that it shall so extend to injury, death, disease, or occupational disease to employees of the Client its contractors, subcontractors. The obligations under this paragraph shall survive the termination of this Agreement.

I have read and understand the Mount Vernon policies as stated above and I agree to abide by all facility policies and regulations.

Signature _____ Date _____