

# Charles E. Smith Center Rental Approval Form

**This Form Does Not Confirm A Reservation.** It is a request for space. Please complete all information requested and return to the Event Coordinator at **202-994-2582** or via fax **202-994-6818**. 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:**

Sport/Event: \_\_\_\_\_  Fall  Winter  Spring  Summer (Check One)

Name of Organization & Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Age of Participants/Attendees: \_\_\_\_\_ Expected Number of Participants/Attendees: \_\_\_\_\_

Rental Dates and Times Requested: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

3.) \_\_\_\_\_ 4.) \_\_\_\_\_

**Space Requested:**

Main Arena\*  Auxiliary Gym  Multipurpose Room  Pool  Conference Room  Other

**Activity Details: Please provide all the following information on this form:**

**1) Activities Planned:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2) Equipment Requirements (podium, microphone, LCD, DVD/TV, Audio, tables, chairs, etc):**  
 \_\_\_\_\_  
 \_\_\_\_\_

**3) Food and Beverage:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Projected Expenses** *(Depending on event, fees and policies subject to change)*

	<b><u>Total</u></b>
<b>Administrative Fee:</b>	
\$75 for each rental request	\$ _____
<b>Rental Fee for Auxiliary Gym, Multipurpose Room, Conference Room or Pool:</b>	
\$150 for each hour	\$ _____
<b>Rental Fee for Main Arena:</b>	
\$2,500/day for a sponsored GW group plus expenses	\$ _____
\$5,000/day for a Charitable group plus expenses	\$ _____
\$10,000/day for an external GW group plus expenses	\$ _____
<b>EXPENSE TOTAL:</b>	<b>\$ _____</b>

<b>Administrative Use Only (initial &amp; date)</b>	
Date Submitted _____	Date(s) Approval _____
Expense Approval _____	Certificate of insurance _____
Brochure Approval (If Applicable) _____	Waivers (If Applicable) _____

**\* IF THE MAIN ARENA IS REQUESTED, PLEASE FILL OUT THE FOLLOWING INFORMATION:**

**BANK REFERENCES**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Account # (Checking and/or Savings) \_\_\_\_\_

**List Below: The Event and Location of TWO Events Which Have Been Promoted or Sponsored by The Applicant.**

1) Name Facility \_\_\_\_\_

Address \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person \_\_\_\_\_

Type of Event \_\_\_\_\_ Date of Event \_\_\_\_\_

Attendance at Event \_\_\_\_\_

2) Name Facility \_\_\_\_\_

Address \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person \_\_\_\_\_

Type of Event \_\_\_\_\_ Date of Event \_\_\_\_\_

Attendance at Event \_\_\_\_\_

**FOR ARENA EVENTS / CONCERTS**

LIST ALL PERFORMERS AND/OR GROUPS SCHEDULED TO APPEAR IN SHOW FOR WHICH THIS LICENSE APPLICATION IS BEING SUBMITTED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YOU MUST INCLUDE A BRIEF, DETAILED DESCRIPTION OF YOUR PROPOSED EVENT BEFORE THE LICENSE APPLICATION CAN BE APPROVED.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

UNTIL THIS APPLICATION IS OFFICIALLY ACTED UPON AND A CONTRACT IS EXECUTED,  
THERE SHALL BE NO LEGAL OR BINDING COMMITMENT BETWEEN THE GEORGE  
WASHINGTON UNIVERSITY AND THE APPLICANT.

**GW Charles E. Smith Center  
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 Charles E. Smith Center staff. Rescheduling can be coordinated by calling 202-994-5480.
3. The gym and/or room must be left in the same condition as found. Any facility or equipment damage must be communicated to the Charles E. Smith front desk immediately.
4. **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.

**Terms and Conditions**

5. **Payments:** The Event is to be held solely on the date(s) and time(s) set forth above. The space as indicated will be reserved for you until \_\_\_\_\_ at which time a non-refundable deposit of 50% of the Cost, along with Client's authorized signature on this form, are due back in the University office set forth above in order to hold space past this date. Payment of the balance of the Cost will be due no later than \_\_\_\_\_. Failure to pay by this date will result in cancellation of your event. All payments are to be made out by check to **The George Washington University**.
6. **Use:** The space shall be used solely for the use specified above and for the date(s) and times listed and for not more than the number of attendees indicated. The Client shall not be entitled to store items of personal property.
7. **Insurance:** Prior to the date of the event to be held by Client, Client shall deliver a certificate of insurance to the University as proof that Client has in force insurance of the type and amount specified by the University, which shall not be less than One Million Dollars combined single limit liability and property damage (which shall include coverage for defamation and false arrest), and workers' compensation coverage as required by law. All insurance policies (except workers' compensation insurance) shall name The George Washington University as an additional insured.

**I have read and understand the Charles E. Smith Center policies as stated above and I agree to abide by all facility policies and regulations.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

On Behalf Of **The George Washington University:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_