



Sisters-Camp Sherman Rural Fire Protection District
“Protecting Life and Property through Quality Service”

FACILITIES USE RULES AND AGREEMENT

We are pleased to be able to share our facilities with you and hope you will find everything needed to make your function a success. To enable us to continue making our building available to public and private groups, we ask you comply with the following rules:

1. The primary use and function of this facility is to provide fire protection and emergency medical services to our community. All efforts will be made to honor your reservation; however, the Fire District reserves the right to refuse and/or cancel with or without adequate notice, any and all reservations for emergency services activities.
2. No activity shall interfere with any other activity taking place in the same building. Participants must stay in community hall areas.
3. Use of the community hall will be prioritized in said order:
 - a. Class I – District Activities
 - i. Board of Directors and appointed committees
 - ii. District Administration
 - iii. District sponsored events
 - b. Class II – Partner agencies or groups with broad community interest, located or operating within District boundaries
 - i. Fire service organizations and associations
 - ii. City, County, State, Federal agencies
 - iii. School Districts, Special Districts
 - iv. Firewise Communities
 - c. Class III – Civic and service use located or operating within the District boundaries
 - i. Community organizations of a civic or service nature
 - ii. Church-sponsored activities
 - iii. Neighborhood Associations
 - d. Class IV – Private Interest Groups not elsewhere classified
 - i. For profit groups/festivals
 - ii. Any organization that charges a fee for attendance/tuition/registration
 - iii. Any group that is not a non-profit organization
4. All reservations must be made through the Administration Office at the Sisters-Camp Sherman fire station. The Office Assistant/Executive Assistant are responsible for scheduling room assignment. The Fire Chief or his designee must approve all group activities prior to reserving the facility.
5. You will be required to complete an indemnification agreement.

6. The Shift Commander is responsible for room access, temperature control and securing the building after group departure. Prior to the time of the event, clarify entry and audio-visual arrangements. You are expected to set an appointment prior to your event to be shown how to use the equipment and perform a walk-through to inspect the room for damages. Make sure you notify either the Shift Commander or administrative staff at Sisters-Camp Sherman Fire District of any damages prior to your meeting. A final walk-through will be performed after your event.
7. The maximum number of people permitted in any District facility will be restricted to the posted occupancy limit.
8. Damages to the building during your use will be charged to your organization. You will be asked to sign a form giving the name of the organization, person responsible and contact information.
9. Class III and Class IV users must provide mandatory proof of liability insurance in the amount not less than \$1,000,000 per occurrence, \$2,000,000 aggregate and \$1,000,000 umbrella.
10. If you choose to reposition tables and chairs in the room, care should be taken that no damage is done when doing so. Prior to leaving, all tables and chairs are to be returned to their original position or to the storage area as you found them.
11. All groups are responsible for proper clean-up including waste disposal, cleaning of restrooms, cleaning out refrigerator and cleaning/replacement of furnishings and utensils. The facility must be left in the same or better condition than it was found. If cleaning is required after your departure, you/your organization will be billed for the cleaning service.
12. The user is responsible for ensuring that the building is locked at function end.
13. Should an emergency arise, dial 9-1-1.
14. All functions conducted in District facilities shall be in accordance with county/city standards and not in violation of any county/city ordinances or regulations.
15. All vehicles will be parked in designated parking slots. No parking is allowed in front of the building, office or bay doors or inside the rear fenced area.
16. The sponsoring organization will be responsible for any building damage, lost or misplaced equipment and any other losses deemed to be the responsibility of the user.
17. Smoking is prohibited in and on all District properties.
18. Alcoholic beverages and controlled substances are prohibited in and on all District properties, exceptions are made for Beer and Wine only to specified groups at the discretion of the Fire Chief or his/her designee. Additional requirements to the alcohol exception **are** that a carded OLCC server must be in control and on-site during the event. **A separate Alcohol Use Request Form must be completed and approved prior to use for any events offering alcohol.**
19. Firearms are prohibited in and on all District properties, with the exception of public safety officers.
20. A closing hour of 10 p.m. shall be adhered to as reasonably as possible unless otherwise approved by the Fire Chief or his/her designee.
21. Building rental rates per Ordinance 2006-2007-101, adopted April 17, 2007 are as follows:

a. Community Room/per day	\$300.00
b. Kitchen/per day	\$50.00
c. Building Cleaning Fee/per day (non-refundable)	\$75.00*
d. Cleaning Deposit	\$150.00
e. Security Deposit	\$150.00

*Carpet cleaning is an additional charge per occurrence \$175
Cleaning fee covers basic cleaning including wash down and sanitation after each use.
Cleaning fee does not cover waste removal, dishes and anything other than a basic wash
down and sanitation.

22. Non-profit or government organizations may be granted exceptions to billing schedule as determined by the Fire Chief or his designee.
23. Completed application, payment of all fees and insurance binder must be in the administration office 48 hours prior to use of the facility. Make checks payable to SCS RFPD. In order to receive a refund, cancellations must be made no later than 72 hours prior to the date of the function by calling the Administrative Assistant at 541-549-0771.

I have read and agreed to the above guidelines and regulations:

Signature of Responsible Person

Date

Printed Name of Responsible Person

Address of Responsible Person

Phone #

Group name

Group Address and phone

ALCOHOL PROCEDURES:

In addition to the Sisters-Camp Sherman Fire District Facilities Use Rules and Agreement, any applicant completing this form with the intent of serving and/or selling alcohol (beer, wine or champagne) must comply with the following procedures and the laws and regulations. Such laws and regulations are set forth by the State of Oregon, the Liquor Control Commission (OLCC), the City of Sisters, Deschutes/Jefferson County and the Sisters-Camp Sherman Fire District.

1. All applicable local and state regulations pertaining to the use and consumption of alcohol shall apply.
2. All applicants must be 21 years of age.
3. No one under 21 years of age may consume alcoholic beverages on the premises.
4. The consumption of alcohol may occur only in designated areas.
5. Food must be served with alcoholic beverages.
6. Non-alcoholic beverages must be made available.
7. The presence of security personnel, at applicants' cost, may be a requirement designated by Sisters-Camp Sherman Fire District.
8. Alcoholic beverages can only be served for two-hours unless otherwise approved by the Fire Chief or his/her designee, and those hours must be stated on the application. Responsible party will ensure that alcohol will not be served one hour prior to the close of the function.
9. Applicant is responsible for intoxicated individuals.
10. Applicant will be held responsible for all damages to the facility incurred during the function.
11. Approval of this permit allows the use of alcohol including beer, wine and champagne at the District facility. Hard liquor is not allowed.

APPLICANT'S ACCEPTANCE:

1. I understand that under Oregon laws, severe liability may result from the serving and/or sale of alcoholic beverages.
2. I understand that if I serve alcohol, I will be required to submit an additional \$1,000,000 Property Damage and Liability Insurance certificate naming Sisters-Camp Sherman Rural Fire Protection District as an additionally insured party and that the coverage is for host liquor. The certificate should state that the renter agrees to hold harmless Sisters-Camp Sherman R.F.P.D., its elected officials, officers, agents, and/or employees from any claims resulting from the serving and/or sale of alcoholic beverages during the function on (date) _____ at Sisters-Camp Sherman R.F.P.D. This certificate should be returned to Sisters-Camp Sherman R.F.P.D. one week prior to the scheduled event.
3. I agree, by signing this application, to familiarize myself and comply with all State, City or County laws and the regulation of the OLCC, relating to the serving and/or sale of alcoholic beverages.
4. I acknowledge that the Sisters-Camp Sherman R.F.P.D. has the ability to accept or deny applicants on a case by case basis.

Signature of Applicant

Date

Printed Name of Applicant

Date

INDEMNIFICATION AGREEMENT

_____ (User). In consideration for the use of certain facilities owned or operated by the Sisters-Camp Sherman Fire Rural Protection District (the District), User AGREES that it will indemnify and hold harmless the District against any and all claims of loss, damage or expenses of any kind and nature including, but not limited to, property damage, bodily injury, or death arising out of or relating to the use of or activities on property owned or controlled by the District. The indemnification shall include the employees and agents of either entity. It is further agreed that User shall, at the sole option of the District, defend and bear all costs and expenses, including attorney fees, in the defense of any claim or action arising out of the use of the premises. User agrees that it will pay any attorney fees and costs incurred by the District in evaluating, monitoring or defending such claims. User agrees that it will immediately pay all damages and judgments resulting from any such claim, regardless of whether User or the District defend the claim.

Full Name of Responsible Party: _____

Address of Responsible Party: _____

Billing Address: _____

Driver's License Number: _____ Expiration Date: _____

Date of Birth (applicant must be 18 years of age, 21 if requesting alcohol): _____

Date of event _____ Start and End Time _____
(Include prep and clean up)

Please check one: Private Function Public Function Non-Profit Government

Class Type (see Facilities Use Rules & Agreement): Class I Class II Class III Class IV

Description/Purpose of Event: _____

Is this a fundraising event? Yes No

Will admission be charged? Yes No

Will there be vending? Yes No

Approximate number of attendees _____

Do you require kitchen use? Yes No

Will you be serving food? Yes No

Are you requesting the service or sale of alcohol? Yes No If yes, please complete the Alcohol Use Request Form.

Name of person serving alcohol: _____

Address of person serving alcohol: _____

Hours you will be offering alcohol: Start and End Time _____

How will alcohol be served? Bottles Cans Kegs

Alcohol will be consumed: Inside Community Hall Backyard at Community Hall Both

Will minors attend the event? Yes No

Note: Additional liability insurance is required for use of alcohol.

Does your event require AV Equipment? Yes No (if yes, please list) _____

*****INSURANCE REQUIRED*****

YOU MUST ATTACH A COPY OF YOUR INSURANCE BINDER OR HAVE IT **SENT TO:**
FAX: 541-549-1343 EMAIL: spor@sistersfire.com or sbialous@sistersfire.com

Liability Insurance Carrier Name: _____

Proof of Insurance Provided: Yes No To be Provided

*****PROOF OF NON-PROFIT STATUS REQUIRED*****

Non-Profit Name: _____

Proof of Non-Profit Provided: Yes No To be Provided

Signature of Responsible Party: _____

Date: _____

FOR FIRE DISTRICT USE ONLY

Fire Chief Review: Application Approved Application Rejected

Signature	Date	Total Fees
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Office Review:

Insurance Binder Received Yes No

Proof of Non-Profit Yes No

Building Rental Fees Received Yes - by _____ No

Deposits Received Yes - by _____ No

Walk-Through

Initial walk-through Yes - by _____

Notes/concerns: _____

Final walk-through Yes - by _____

Notes/concerns: _____

Return deposits Yes No Reason _____