

VISITORS ON CAMPUS APPLICATION

Requested Date _____

Begin time _____ am/pm End time _____ am/pm Location Requested _____

Business/organization _____ Contact Person _____

Mailing Address _____

Phone _____ Fax _____ Email _____

Liability Insurance Information (Insurance may be required for some activities on campus)

Name of Carrier _____ Phone _____

Policy Number _____

Please attach a Certificate of Liability Insurance, naming Santa Fe College as an additional insured.

Describe event. Please be specific! (Include names of participants and details about what you will be doing during your visit on campus.)

Check this box if you would like a 6' table and two chairs.

Pick up the guidelines/authorization form in S-147 on first day of reservation

Disclaimer: In consideration for being allowed to visit campus as requested, I hereby RELEASE and DISCHARGE Santa Fe College, the District Board of Trustees of Santa Fe College, Florida (hereafter the "College"), their trustees, employees, agents, and assigns (RELEASEES) from any and all liability, arising out of any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, or both, which arises out of or is connected in any manner with my visit to the College premises, including such loss, damage, injury or death that may result from RELEASEES' own negligence, and I further WAIVE any right I might otherwise have and COVENANT NOT TO SUE said RELEASEES in connection with any such liability. I further hereby AGREE TO INDEMNIFY, DEFEND AND SAVE AND HOLD HARMLESS the RELEASEES and each of them, from any loss, liability, damage or costs, including court costs and attorneys' fees, they may incur as a result of any claims, demands, actions, causes of action, damages, or judgments, which arise out of, occur during, or are in any way connected with my visit.

Signature of contact person

Date _____

Signature of business/organization representative

Date _____

**Submit this form 14 days in advance to the Center for Student Leadership & Activities
3000 NW 83 Street, Bldg. S Lobby ~ Gainesville, FL 32606 ~ FAX: 352-395-7388**

Date _____

APPROVED:
Director, Student Life

For office use only:

Calendared:

(Date)

Date copy mailed/faxed to contact person: _____ by _____

Work Req. _____
Ck Intl

Notification to SF Police (Done ___)
Notification to College Relations (Done ___)

Notification to Facilities (Done ___)
Notification to _____ (Done ___)