Request for Temporary Use of a Utah State University (USU) Facility  

USU collaboration/sponsorship, if any: ____________________________________________________________

Facility & Room/Location: ___________________________________________________________________

When needed: Date: _______________________________________________________________________ Time: _______________________________________

Use description, number of attendees anticipated, & purpose: ______________________________________

_________________________________________________________________________________________

Entity/Person requesting temporary use: _____________________________________________________________________

Contact Person and Telephone Number(s) _______________________________________________________________________

RISK ASSESSMENT

Benefits or advantages of proposed use for USU (does it serve an educational purpose?): __________________________

_________________________________________________________________________________________

Possible disadvantages or potential risks/loss (property and/or liability?): __________________________

_________________________________________________________________________________________

Safety measures to be taken: _________________________________________________________________

_________________________________________________________________________________________

Liability /Loss control measures needed such as security from USU Police and appropriate documentation*: __________

_________________________________________________________________________________________

Overall risk assessment of proposed use at [ ] low or [ ] high level?

Requestor signature________________________________ Facilities Approval______________________________

If assessed risks are high, then requestor will be required to fill out one of the following forms:

[ ] Facilities Liability Release and Responsibility (If separate insurance is not required, use this document.)

[ ] Facilities Use Agreement (If separate insurance is required, use this written agreement.)

Questions/ Comments to/from USU Risk Management: _____________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

*Risk Management contact, if any: ____________________________________________________________