

**WASHINGTON SCHOOL FOR THE DEAF**  
**Facilities Use Contract**

Representative Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address (if PO Box, include street address): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

**CONTRACT:** I, \_\_\_\_\_, the authorized representative of the named organization, certify that the organization hereby assumes full responsibility for any damage to the Washington School for the Deaf (WSD) property and for injury to persons resulting from the use of facilities as requested above. Furthermore, the organization agrees to abide by the facilities regulations of WSD and to pay any fees required promptly upon presentation of this contract and/or a statement of charges. It is agreed that the organization using WSD facilities under this permit shall indemnify, defend at its own expense and hold harmless the School and its officers, employees and/or agents from all claims, demands, suits at law or equity, actions, penalties, losses, damages, liabilities, costs, or expenses that may arise out of or incident to the execution of this application and permit or the organization's use of WSD facilities. Furthermore, I, on behalf of the above-named organization, certify that the use of WSD facilities for the purpose stated on this application is in conformance with federal and state laws, which specifically forbid discrimination of persons on the basis of race, color, sex, religion or national origin.

This agreement is not intended and shall not be construed to create the relationship of agent, servant, employee, partnership, joint venture or association between WSD and named organization.

Neither this contract nor any interest therein may be assigned by either party without first obtaining written consent of the other party. Any changes and/or modifications to this agreement (or contract) shall be in writing and signed by both of the above-named parties.

**This contract requires the signature of both parties prior to execution.**

**THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS RECEIVED AND READ THE SCHOOL'S RULES AND REGULATIONS APPLICABLE TO THIS REQUEST FORM.**

Representative (signature) \_\_\_\_\_ Date \_\_\_\_\_

Representative (print name) \_\_\_\_\_ Title \_\_\_\_\_

WSD Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_



**Washington School for the Deaf**  
**Serving Deaf and Hard of Hearing Students**  
**Throughout the State Of Washington**  
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