

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

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: _____