School City of Hobart Student Club Activity Request

This form must be completed and returned to the Administration at least two (2) weeks prior to the proposed event. Name of Club: ___ Name and title of person requesting activity: _____ Type of event: ___Fundraiser ___Solicitation/Sale ___Drive ___Social/Activity ___Forum/Lecture/Workshop ___Other Supervisor Phone Number Supervisor Email Address Supervisor Name Club Lead/President Name Club Lead/President Email Address Club Lead/President Phone Number Other Officer Name and Title Other Officer Phone Number Other Officer Email Address **Event Name and Description** Location of Event (if off campus: where & contact information) Space Needed for Event Equipment to be Used Date of Event Time of Event Will you be working with an internal or external organization? Internal External N/A Will you be contracting with an outside vendor for this event?

Yes*

No *If yes, please attach a copy of your contract with this form and provide vendor contact information. In consideration of Participant being permitted to participate in the School City of Hobart Program(s) named above, I, Participant/Participant's Parent or Guardian, herby release, discharge and covenant not to sue School City of Hobart, it's trustees, officers, agents and employees from all liability for any and all claims, damages, costs or causes of action I/we have or may in the future have as a result of injuries (including death) or manage to property sustained or incurred by Participant while in any way participating in the above Program(s). I UNDERSTAND THAT I AM RESPONSIBLE FOR: ANY DAMAGE TO THE FACILITIES OR EQUIPMENT, CLEAN UP OF THE FACILITIES USED AND FOR RETURNING ANY LOANED EQUIPMENT TO SCOH. By signing this release, I certify that I have read the release and understand its terms. President/Lead Person Signature Date **Supervisor Signature** Date ADMINISTRATION USE ONLY Date Request Received: _____ _____Approved _____Not Approved

Administrator Signature: