

# HACC Public Safety Center & Law Enforcement Complex Facility/Equipment Reservation Request Form

## Organization Information

Requesting Department: _____	Date: _____
Contact Person: _____	Title: _____
Phone: _____	Fax: _____ E-mail: _____

## Type of Training

<input type="checkbox"/> EMS	<input type="checkbox"/> Fire	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Transportation
<input type="checkbox"/> Local Level Training Program (Fire Use Only)			
Title of Class: _____		Lead Instructor: _____	
<input type="checkbox"/> Company Level Drill/Exercise – Type: _____			
<input type="checkbox"/> Company Level Structural Burn Session – Facilitator: _____			
<input type="checkbox"/> Other (List): _____			

## Reservation Information

Date(s): _____	Times: _____		
# of Participants: _____	<input type="checkbox"/> Classroom Needed	<input type="checkbox"/> # of Rooms Needed _____	<input type="checkbox"/> AV Equipment _____
<input type="checkbox"/> Air Cart	<input type="checkbox"/> Firing Range	<input type="checkbox"/> Smoke Machine	<input type="checkbox"/> Running Track
<input type="checkbox"/> Burn Building	<input type="checkbox"/> Forcible Entry Simulator	<input type="checkbox"/> Sprinkler Trailer	<input type="checkbox"/> Other _____
<input type="checkbox"/> Car Extrication Pad	<input type="checkbox"/> Flow Meter/Test Kits	<input type="checkbox"/> Tactical Building	
<input type="checkbox"/> Confined Space	<input type="checkbox"/> HazMat Trailer	<input type="checkbox"/> Trench Rescue	
<input type="checkbox"/> Confined Space Trailer	<input type="checkbox"/> Pump Pad	<input type="checkbox"/> Trench/Collapse Trailer	
<input type="checkbox"/> Drill Tower	<input type="checkbox"/> Rubble Pile (USAR Pile)	<input type="checkbox"/> Vehicle Rescue Trailer	
<input type="checkbox"/> Driving Pad	<input type="checkbox"/> Smoke Chamber	<input type="checkbox"/> Weight Room	

## Certificate of Insurance

As part of our overall risk management program, we require certificates of insurance from our suppliers and third party contractors to verify the insurance that is in place as well as certain other requirements. Therefore, we would appreciate you providing us with the appropriate information as requested below:

General and Product Liability Insurance:

- \$3,000,000 General Aggregate
- \$1,000,000 Personal and Advertising Injury
- \$1,000,000 Combined Single Limit for Bodily Injury and Property
- Please have our firm named as Additional Named Insured.

## Hold Harmless Agreement

*It is agreed that \_\_\_\_\_ agrees to defend and hold harmless Harrisburg Area Community College, it's trustees, employees and students against any and all loss, claims, suits, or judgments, including the payment of attorney fees and cost incurred by or asserted against HACC as a result of or arising from the negligent acts or omissions of \_\_\_\_\_ relating to the use of \_\_\_\_\_ Facility.*

*I, \_\_\_\_\_ acknowledge that I have read and completed the Hold Harmless Agreement and provided the Certificate of Insurance as requested. This form will also serve as a Permission to Bill for the agreed upon fees.*

**Cancellation/Refund Policy: A cancellation notice must be given 7 days prior to the reservation for a full refund. Reservations will be invoiced for the full amount of the reservation, even if the hours used are less.**

## Internal Use Only

Date Received: _____	Facility Available: <input type="checkbox"/> Yes <input type="checkbox"/> No	Classroom #(s) Assigned: _____
Date Entered Into Banner: _____	Fees Charged Will be: \$ _____	
Reservation Confirmation #: _____	Initials: _____	