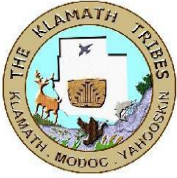


KTHFS Health Education Center

pisa namabitsiana

202 & 204 Pioneer Street,
Chiloquin, OR 97624



APPLICATION TO RESERVE THE KITCHEN and/or GROUP ROOM 04 (circle one or both)

Date: _____

Name of Organization/Group: _____

Date needed: _____

Day of use (please circle):
M T W T F

I/we would like to utilize the Kitchen and/or Group Room 04 (circle one or both) from ___ a.m./p.m.
until ___ a.m./p.m.

Please note these rooms are only available 8 am to 5 pm, M-F

(exceptions: Tribal Council or KTHFS official business with approval from HGM).

Type of activity: _____ How many attendees are expected? _____

Person(s) Responsible: Name: _____ Telephone: _____

Address: _____ Email: _____

Reservations are only allowed for the following:

- **Government Agencies – City, County, State, and Federal Entities (External Use)**
- **Local Committees Dealing with Tribal Issues**
- **Tribal Administration, Tribal Entities, Tribal Groups, Tribal Organizations**
- **Tribal Council & KTHFS Official Business (Internal Use)**

Room Usage Terms and Conditions

1. No equipment or furniture will be removed at any time from the building.
2. Requestor or responsible party for reservation is responsible for set up and take down for their events including but not limited to tables and chairs, vacuuming floor, bagging and placing all trash in the outside dumpster.
3. These rooms are only available during business hours, not available after hours, weekends or holidays, unless specifically authorized by KTHFS Administration.
4. Alcoholic beverages, any form of commercial tobacco products, and any form of drugs or narcotics are not permitted on Tribal Property. The Tribal Drug-Free Workplace policy will be followed and enforced.
5. These rooms are designated to be a Smoke-Free Environment (per Tribal Policy). There is no smoking/vaping permitted inside.
6. Must provide at least 1 adult chaperon for every 10 juveniles, when renting for the purpose of juvenile activity, further agree that said juveniles will not be permitted to go “in and out” of the building until conclusion of that function.
7. Unauthorized person(s) are not allowed in the building (any person not a member of the above organization or group).
8. No pets/animals are allowed.

9. Guests are not permitted in any other areas other than the reserved room(s), and need to use the doors associated with the room(s) for entering and exiting the building.
10. Requestor or responsible party must comply with the terms and conditions regarding rental and use of these rooms, and to inform individuals present of the room's terms and conditions.
11. Requestor or responsible party is responsible for any damage or loss and shall hold harmless and indemnify the Klamath Tribal Health & Family Services, its officers, agents, and employees from any and all liability for personal injury, death or property damage arising out of my use of these room(s).
12. Violation of any of the above-mentioned terms, may result in immediate removal from premises and possibly, denial of future use of the room.

I have read the terms and conditions regarding rental and use of these rooms. I agree to comply with these terms and conditions, and to inform individuals present at my rented use of the room's terms and conditions.

I further agree to be responsible for any damage or loss and shall hold harmless and indemnify the Klamath Tribal Health & Family Services, its officers, agents, and employees from any and all liability for personal injury, death or property damage arising out of my use of the Group Room 04 or Kitchen.

Violation of any of the above-mentioned terms, may result in immediate removal from premises and possibly, denial of future use of the room.

Signature of Responsible Person: _____ Date: _____

Received by Scheduler _____ Date _____
Approved by AO: _____ Date _____