CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT

USE PERMIT APPLICATION

TRAINING CENTER
2945 Treat Blvd., Concord, CA 94518
(925) 941-3630 --- (925) 941-3639 (fax)

Requesting Agency _____

Purpose of Use _____

DATE(S) OF USE	***HOURS OF USE***	***ESTIMATED ATTENDANCE***

RESOURCES REQUESTED	***TRAINING AIDS REQUESTED***
☐ Classroom(s)	☐ LCD Projector
☐ Drill Tower	☐ 1/2" VHS Video Player-Monitor
☐ Drill Grounds	☐ Overhead Projector
☐ Training House	☐ 35MM Slide Projector
☐ Driving Area	☐ Cassette Tape Player
☐ Skid Pad	
☐ Disentanglement Area	

The undersigned as an authorized representative for the above named agency hereby:

1. Agrees to defend, hold harmless, and indemnify the Contra Costa County Fire Protection District, it's officers, agents, and employees from all liabilities and claims for damages for deaths, sickness, or injury to persons or property, including without limitation all consequential damages, from any causes, whatsoever arising from or connected with its use of the Fire District's Training Center, whether or not resulting from negligence of the above-name agency, its agents or employees.
2. Agrees to adhere to the policies, rules and regulations so specified for use of the Training Center.
3. Verifies that the requesting agency has liability insurance to cover the training activities in the amount of:

$250,000 for each person
$500,000 for each accident or occurrence
$100,000 for property damage

_____ _____
Date *Please Sign **and** Print Name*

_____ _____
*Agency Phone **and** FAX* *Agency Address*

THIS SPACE FOR DISTRICT USE ONLY

REQUEST: ☐ ***GRANTED*** ☐ ***NOT GRANTED*** ☐ ***INSURANCE*** ☐ ***YES*** ☐ ***NO***

SPECIAL INSTRUCTIONS: _____

REASON NOT GRANTED: _____

_____ _____
Date *By*

F-061/FORMS
6/02