



Tel: 760-731-9187 ● Fax: 760-731-9131

FRHD Conference Room: 138 S. Brandon Road, Fallbrook, CA 92028
Community Health & Wellness Center: 1636 E. Mission Road, Fallbrook, CA 92028

FACILITY RENTAL AND USE POLICY

The Fallbrook Regional Health District (FRHD) administrative office is located at 138 S. Brandon Road, Fallbrook, CA. 92028 and is staffed from 9:00 a.m. to 5:00 p.m. Monday through Friday. The Facility calendars are kept at the District office and reservations by outside agencies for use of either FRHD property must be made with District staff. Priority of usage will be: (1) District sponsored services and programs; (2) health-related non-profit activities; (3) non-profit business meetings; and (4) all others. Some activities may be subject to usage fees and can include rental fees, cleaning fee and a security deposit. Facility users will be expected to respect and support the Mission, Values, and Vision of the Fallbrook Regional Health District. FRHD holds no preference for particular religious or political groups.

Requirements:

Participating organizations must provide a Certificate of Insurance Liability and Endorsement pages, listing the Fallbrook Regional Health District as additionally insured. General liability coverage should be for no less than one million dollars. If insurance is not available through a business or homeowners' policy, special event liability insurance can be purchased through the Special Events Liability Insurance Program (SELIP or PROMPT Cover Program) by going to www.2sparta.com or calling (800) 420.0555.

Applicant accepts the premises subject to all local, county, state and federal laws, regulations, and ordinances. District makes no warranties regarding the current or future suitability for Applicant's required use. Applicant is required to do their own research regarding public health safety requirements for group gatherings.

Publication, notices and all advertising of events are to be approved by the District prior to announcing the event. Directions in a graphic format for access and egress from the Community Health & Wellness Center at 1636 E. Mission Rd will be provided and must be included in participant flyers/notices. All group participants are expected to follow directions for entry/exit from the Mission Rd. property.

All trash and debris are expected to be removed and placed in District receptacles at the termination of the event. Any additional District resources utilized during the use of the facility are expected to be returned in the same state in which they were provided. The District reserves the right to bill additional charges, damages or staff time associated with the use of the Facility by outside organizations.

Rental Fees:

The charging of fees will be at the discretion of the Chief Executive Officer and/or Board of Directors. A \$200 (refundable) security deposit may be required from "non-health related" agencies and or private groups who wish to use the facility. All fees and rental rates are dependent on the resources used and or amount of time the facility will be occupied. Rental fees are estimated at a base-rate of \$25 per hour for a single room usage. The fees and deposits will be discussed with the applicant upon submission of the request.

Prohibitions:

This is a smoke-free campus. No smoking or vaping on campus premises will be permitted within the Facility area. Food will be permitted under limited circumstances and only with prior written approval of the District.

Activities that may be intrusive upon our neighbors or other facility users may be denied. Noise, smells, lights and or other inconveniences will be discussed with District staff prior to the agreement's execution.

Alcohol Use:

Alcoholic beverages of any type are not permitted without prior written approval. Facility user acknowledges responsibility for the proper and lawful consumption of alcoholic beverages for the duration of the event. If User will be supplying alcoholic beverages at no charge, the general liability insurance shall include host liquor liability coverage. If User is using a caterer or other vendor to supply alcohol, that vendor must have liquor liability coverage and valid ABC permit. Proof of the vendor's liquor liability coverage and ABC permit must be supplied to FRHD no later than one week before the event. If User intends to sell alcohol, either the User or Vendor providing the alcohol for sale must have a valid liquor sales license and liquor liability insurance covering the sale of alcohol. Proof of the liquor license and liquor liability insurance must be submitted to FRHD no later than one week before the event. If the event is open to the public, an ABC Event Permit is required and is the responsibility of the User to obtain. Adequate security must be in place for events with public attendance where Daily Special Liquor Licenses are being used and is the responsibility of the User to provide.

Directions to the FRHD - Community Health & Wellness Center

1636 E. Mission Rd, Fallbrook CA 92028

Located 3.7 miles east of interstate 15, the entrance to the property will be on your right, just after you pass the N. Stage Coach Ln. intersection. When exiting the property, you may only turn right. Please adhere to the directions below.

Entry and Exit Directions to users:



For your safety and for that of our neighbors, we ask that all participants please follow these instructions when entering and exiting the property.

Directions to the FRHD – Administration Office

138 S. Brandon Road, Fallbrook CA 92028

Located 4.7 miles east of interstate 15, S. Brandon Road is located between Alvarado and Elder streets. We are centered within the block, a two-story tan building.

Location being requested:

 FRHD Administrative Conference Room

 Community Health & Wellness Center

*see details regarding directions and access

| Date(s) of Use | Start Time | End Time |
|--|------------|--------------------|
| *If additional dates and times are requested, please list start and stop dates – recurring events should be explained below. | | |
| Person Making Request | | |
| Name and mobile number of Organization/Group Facilitator: | | |
| Name of Organization | | |
| Is this organization not for profit? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Mailing Address | | |
| E-mail Address | | |
| Telephone: Primary () | | Secondary () |
| Type of Activity/Purpose | | |
| Number of Expected Attendees | | |
| Will the following items be utilized for this meeting (<i>not all items are available at both locations</i>): <input type="checkbox"/> Food/Beverages <input type="checkbox"/> AV (Computer, Projector, Screens) <input type="checkbox"/> Electricity <input type="checkbox"/> Internet (WiFi) <input type="checkbox"/> Kitchen <input type="checkbox"/> Street Signage* <input type="checkbox"/> Exterior Water <input type="checkbox"/> Rental equipment (tents, canopies, tables, chairs, etc) <input type="checkbox"/> Other (please specify) | | |
| Rental Charges: <input type="checkbox"/> Refundable \$200 deposit _____ Rooms rented _____ # Hours at \$25/hr= \$ _____ _____ # Tables at \$5/table = \$ _____ _____ # chairs at \$1/chair= \$ _____ Total Rental fees = \$ _____ | | |

DISTRICT USE ONLY:

 Insurance on File Insurance Waived Rental Fee: _____ Fee Waived Staff Initials _____

RELEASE OF LIABILITY

As a further consideration for the use and occupancy of the space and premises, **Applicant** for him/herself, his/her agents, parking trust owners, executors, administrators and assigns does hereby agree that the Fallbrook Regional Health District, their agents, employees and assigns shall not be liable to the **Applicant**, his/her agents, administrators, executors and assigns, guests, licenses, or invitees for any loss or damage, injury or death caused to them on their property as a result of the use and occupancy of the spaces and premises.

It is further agreed that any stored property is placed in the space at the **Applicant's** sole risk and the Fallbrook Regional Health District, their agents, employees, parking trust owners, and assigns shall have no responsibility or liability for any loss or damage to said property from any cause whatsoever. It is agreed by the **Applicant** that this release of the Fallbrook Regional Health District's liability is bargained for condition of the rent set forth herein. The Fallbrook Regional Health District does not carry insurance to cover losses or damages to the **Applicant's** property for any cause whatsoever and that were the Fallbrook Regional Health District not released from liability as set forth herein, a much higher rent would have to be agreed upon.

The **Applicant** further acknowledges that insurance is available from independent insurance companies to protect the **Applicant** in the event of theft, damage or destruction of their store property in the event the **Applicant** acquires such insurance. The **Applicant** expressly agrees that the carrier of such insurance shall not be subrogated to any claim of the **Applicant** against the Fallbrook Regional Health District agents, employees or assigns for any liability released herein. The Applicant acknowledges that the Fallbrook Regional Health District does not warrant or represent that **Applicant's** property will be safely kept nor that it will be secure against theft nor that premises and space are secure against hazards caused by water, fire, or the elements of weather or earthquake.

The **Applicant** agrees to the terms of this contract as outlined in the FACILITY RENTAL AND USE POLICY.

Applicant's Signature

Date

FRHD Staff Signature

Date