

Name of organization:					
Type of group (select one):	Non-profit	Government	Agency	Business	
Topic or purpose of meeting:	Educational Enti	ty Othe	r		
Meeting date:	Is the meeting o	pen to the pub	ic? Yes	No	
Meeting time from (include set up	b): to (include clean up):				
Facility Requesting (select one):	Fiscal C	Fiscal Court Chambers Alexandria Courthouse		Administration Building Parking Lot	
Name of individual completing app	olication:				
(Must be an authorized representative of the organization)					
Address of applicant or organization	on:				
Contact Phone Number:	Email:				
Alternate Contact Person:					
Alternate's Phone Number:	hone Number: Alternate's Email:				
Refreshments Served? Yes	No				
Will you use the audiovisual syste	m?: Yes	No			

Estimated Number of Attendees:

I have read, understood and agree to comply with the Campbell County Fiscal Court Public Facilities Use Guidelines.
I further agree to fully indemnify, hold harmless and defend (collectively "indemnify" and "indemnification") County and its elected officials,
officers, employees, agents and affiliates (collectively, "Indemnified Parties") from and against all claims, demands, actions, suits, damages,
liabilities, losses, settlements, judgments, costs and expenses (including but not limited to reasonable attorney's fees and costs), whether or
not involving a third party claim, whether or not caused by the Negligence of County or any other Indemnified Party, and/or whether or not
the relevant claim has merit that may arise out of or during the use of County facilities by Applicant, its organization, guests, agents, or
invitees. I further acknowledge that pursuant to KRS 61.870 et seq., the Kentucky Open Records Act, that this application and documents
submitted in support thereof are public record.

Signature of Applicant:

Date:

Office Use Only

Approved by:

Date: