Reservation Procedure:
1. Request a reservation by completing the appropriate Facility Reservation Form and returning it to the Intramural Sports Office in Red WOLF Center, room 104B. All information requested must be complete, including event description, equipment needed, signatures, etc. before reservation requests may be considered.
2. A copy of a valid Arkansas driver’s license or ASU ID is required with each reservation.
3. Approval of reservation requests are granted by the Coordinator of Intramural Sports only.
4. Pay the deposit to reserve the facility, plus any additional fees. 
   Reservation is not upheld UNTIL the fees are paid in full!
5. All reservations must be made at least 48 hours in advance. No reservations will be made the day of the event.
6. Campus Recreation reserves the right to cancel a reservation for an outdoor facility in the event of inclement weather.

Usage Fees:
The following fees will be charged for the use of Intramural Sports facilities.

<table>
<thead>
<tr>
<th>INTRAMURAL COMPLEX CHARGES</th>
<th>ALL PAYMENTS ARE NON-REFUNABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Reservation</td>
<td>$25 per field</td>
</tr>
<tr>
<td>Lights</td>
<td>$25 per hour (for all fields)</td>
</tr>
<tr>
<td>Paint</td>
<td>$30 per field</td>
</tr>
<tr>
<td>Staff</td>
<td>$20 per game (per staff)</td>
</tr>
</tbody>
</table>

Recreational Sports Facility Policies:
1. All groups sponsoring any activity on the Intramural Sports facilities must comply with all University policies and regulations, as well as with any applicable federal, state, and local laws.
2. Intramural Sports programs, academic classes, and special events have priority for use in all areas of the facilities.
3. The Department of Intramural Sports reserves the right to cancel any reservation should it be deemed necessary by this office. Facilities must be used for the purpose specified on the Facility Reservation Form. Additional groups that are not specified on the Facility Reservation Form are prohibited.
4. All staffing needs will be determined by the Department of Intramural Sports. The number of staff personnel required will be dependent upon the nature of the activity.
5. Any additional or unusual expenses incurred by the University or the Department resulting from an activity shall be the responsibility of the user. Any damage to property or equipment will result in repair and/or replacement costs being charged to the group or
organization. The individual whose name appears on the Facility Reservation Form will be responsible for the collection of these fees.

6. In cases where a group requires University Police Department personnel, the group will make arrangements for services and payment directly to UPD.

7. All users of Intramural Sports facilities are expected to be courteous, responsible, and safety-conscious at all times. Disorderly conduct will not be tolerated, and violators will be subject to arrest.

8. The possession and/or use of alcohol, tobacco, and drugs are prohibited in all Intramural Sports facilities, including the outdoor facility areas.

9. When considering participation on the Intramural Complex at Arkansas State University, the person or persons making the reservation agrees to assume the risks incidental to such participation & use (which may include, among other things, muscle injuries & broken bones) on their own behalf, & behalf of my heirs, executors & administrators, release & forever discharge the released parties defined below, of & from all liabilities, claims, actions, damages, costs or expenses, including, but not limited to, all attorney’s fees & disbursements. The released parties are Arkansas State University, The Board of Regents, the officers, directors, employees, agents, representatives, and successors for each of the foregoing entities. The person or persons making this reservation understand that this release and indemnity agreement includes any claims based on negligence, action or inaction of any of the above released parties & covers bodily injury (including death) & property damage, whether suffered by me before, during and after such participation. The person or persons making this reservation declares that the participants involved are physically fit & have the skill level required to participate in this particular event. The person or persons making this reservation further authorize medical treatment for anyone involved with this activity, AT THEIR OWN COST, if the need arises. The University DOES NOT provide insurance for Intramural Sports Program participants.

10. If a participant is injured and does not have transportation, then UPD or an ambulance will be notified to assist. In the event that an Intramural Sports employee is not available, UPD should be notified at 972-2093 in case of emergency.

**Intramural Complex**

1. The Department of Intramural Sports reserves the right to cancel any reservation in the event of inclement weather or any situation that may jeopardize safety or field care. Please observe posted signs which indicate that fields are closed to activity. For complex closures please go to the web page at [www2.astate.edu/intramurals](http://www2.astate.edu/intramurals).

2. Please adhere to the field policy sign located at the entrance to the complex.

3. Keys for field lights will not be given to non-departmental personnel under any circumstances.

4. Fields, sidelines, and parking areas must be cleared of any trash and debris immediately following use. Failure to clean the area will result in the loss of future field use privileges and may result in additional clean-up charges.

5. Only academic vehicles are allowed to be on or park on the complex turf. All other vehicles will be asked to move or be towed at the owner’s expense.

6. Any of the policies mentioned above that are violated might result in the users current & future reservation being revoked.
INTRAMURAL SPORTS
FACILITY RESERVATION FORM

Name of Organization _____________________________________________________________

Name of Applicant ____________________________________ ASU ID/DL __________________

E-mail ______________________________________ Phone ____________________________

Alternate Contact ____________________________________ Phone ______________________

Organizational Advisor ____________________________________ Phone __________________

Name of Event ______________________________________ Estimated Attendance ________

Date(s) Requested ____________________________________ Time ________ AM / PM to ________ AM / PM

Request:

<table>
<thead>
<tr>
<th>Requested Fields</th>
<th>Requested Fields Lighted</th>
<th>Requested Fields Painted</th>
<th>Requested Fields Staffed</th>
</tr>
</thead>
<tbody>
<tr>
<td>IM Field 1 YES NO</td>
<td>IM Field 1 YES NO</td>
<td>IM Field 1 YES NO</td>
<td>IM Field 1 YES NO</td>
</tr>
<tr>
<td>IM Field 2 YES NO</td>
<td>IM Field 2 YES NO</td>
<td>IM Field 2 YES NO</td>
<td>IM Field 2 YES NO</td>
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<tr>
<td>IM Field 3 YES NO</td>
<td>IM Field 3 YES NO</td>
<td>IM Field 3 YES NO</td>
<td>IM Field 3 YES NO</td>
</tr>
<tr>
<td>IM Field 4 YES NO</td>
<td>IM Field 4 YES NO</td>
<td>IM Field 4 YES NO</td>
<td>IM Field 4 YES NO</td>
</tr>
<tr>
<td>IM Field 5 (Fast Pitch) YES NO</td>
<td>IM Field 5 (Fast Pitch) YES NO</td>
<td>IM Field 5 (Fast Pitch) YES NO</td>
<td>IM Field 5 (Fast Pitch) YES NO</td>
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<tr>
<td>IM Field 6 (Fast Pitch) YES NO</td>
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<td>IM Field 6 (Fast Pitch) YES NO</td>
<td>IM Field 6 (Fast Pitch) YES NO</td>
</tr>
</tbody>
</table>

Detailed Description of Event (including activities planned, anticipated attendees, etc.)

___________________________________________________________

Detailed Description of Set-Up (including tables, chairs, electronic equipment, etc.)

___________________________________________________________

I have read and understand the reservation procedures and facility use policies and agree to comply with all written and posted policies of the Department of Intramural Sports.

Applicant’s Signature ____________________________ Date ________________

Advisor’s Signature ______________________________ Date ________________

FOR OFFICE USE ONLY

Date Received ______________ Facility Rate $ ______________ X ______________ = ______________

Reservation Approved _______ Additional Fees ___________________________________ = ______________

Reservation Denied __________ _______________________________ = ______________

Total Fees = ______________

Payment Received ______________

Coordinator of Intramurals ______________________ Date __________________