

The University of Kansas School of Medicine-Wichita

Sponsorship Agreement For Facilities Use

I, _____, agree to sponsor _____
(name of event)

co-sponsored by _____ on _____
(name of organization or company) (date of event)

from _____ in _____
(time of event) (name of facility)

Will you be in attendance at the above event? Yes _____ No _____

If no, name department representative who will be in attendance; _____

I understand that my sponsorship includes responsibility for compliance with institutional policies, state regulations, *arranging access to the facility* (if after hours), repair of any damages, cleaning beyond normal use, and attendance by KU School of Medicine-Wichita personnel at the event. Other liabilities may apply.

Sponsor _____ Date _____

Department Chair _____ Date _____

The Guidelines for The Kansas University School of Medicine-Wichita Facilities Use can be obtained from Facilities Management.