



Greetings,

Thank you for reserving one of the Provost Office's electronic classrooms supported by ITC's Classroom-Support Group.

Please fill out the accompanying ITC Classroom Use Waiver Form and deliver it to my office in Wilson Hall, room 206. **Be aware that even though the room has been scheduled through the Registrar's office, I must receive a completed waiver before the classroom may be used by your group.** Please include a list of equipment or software you intend to use on the "Memo" line of the waiver so we can better plan to support your event. If you have questions or concerns please feel free to contact me personally or one of the Classroom-Support Technicians by calling the numbers listed at the bottom of this page. Thank you.

Sincerely,

Tom Hale

Supervisor, ITC - Classroom Support
University of Virginia
Wilson Hall, Room 206
P.O. Box 400779
Charlottesville, VA 22904-4779
tomhale@virginia.edu
(434) 243-8628

Please make note of the Classroom-Support contact information below:

Support for ITC classrooms in Bryan Hall, Cabell Hall, Clark Hall, Minor Hall, Pavilion VIII, Rouss Hall, or Wilson Hall, please call one of the following numbers:
(434) 982-4586 before 3:30 PM
(434) 982-4585 after 3:30 PM and on weekends.

Support for ITC classrooms in the Chemistry building, Cauthen Hall, Gilmer Hall, the Mechanical Engineering building, or Olsson Hall, please call one of the following numbers:
(434) 982-4576 before 3:30 PM
(434) 924-6088 after 3:30 PM and on weekends.

Support for ITC classrooms in the Physics building, please call one of the following numbers:
(434) 924-6800
(434) 981-2591

Support for ITC classrooms in Ruffner Hall, please call (434) 924-1030

You may also write us at itc-classrooms@virginia.edu.

ITC-Classroom Use Waiver

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

Please note: The Provost Office provides technology-enhanced classrooms, supported by ITC's Classroom Support group, free of charge to registered, Contracted Independent Organizations (CIO). This waiver is used solely to protect our investment so that we may continue to provide this service in the future.

To: University of Virginia

USE AGREEMENT

1. I, the person, group representative, or designee using the classroom ("**the User**"), accept full responsibility for the care of the classroom and its contents including all electronic and computer equipment ("**the Classroom**") and agree to pay repair or replacement cost for damage, other than normal wear, or loss to **the Classroom** following its use to a maximum liability limit of \$1,000.00.
2. I agree to pay \$50.00 if **the User** does not appear or cancels without providing the Registrar's office a minimum of 48-hours advance notice.
3. I understand that I may be charged for housekeeping costs at the rate of \$20.00 per hour for cleanup of **the Classroom** after use, if necessary.
4. I understand that the responsibility of **the User** is to ask an ITC, Classroom-Support Technician any questions **the User** may have concerning the proper use of **the Classroom** before operating the equipment.
5. If I should find **the Classroom** or its contents in disrepair, I will call the posted ITC, Classroom-Support contact number or the Fix-It number (243-4948) within 20 minutes of the scheduled start time of the event. Should I fail to report all damaged or missing equipment within the allotted time, I shall be held responsible for the damage or loss incurred, unless circumstances exist that the University of Virginia, in its sole discretion, exonerates **the User**.
6. I understand that I may arrange, with a minimum of 48 hours advance notice, to have an ITC, Classroom-Support Technician evaluate and witness the condition of **the Classroom** before and/or after the scheduled event by **the User**. I may be charged for their service at the rate of \$20.00 per hour with a minimum of \$40.00 if an ITC, Classroom-Support Technician is asked to be available exclusively for my event.

I FREELY ACCEPT AND FULLY ASSUME ALL RISKS ASSOCIATED WITH THE USE OF THE CLASSROOM.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS THAT I MAY HAVE AGAINST THE UNIVERSITY OF VIRGINIA.

Signature of **the User**

Today's Date

Name of **the User** (Please Print)

UVa eMail Address

Department or Group

Local Phone

Business Address

The above agreement applies to the following scheduled ITC-supported classroom(s):

ITC-Supported Classrooms:

Event Dates:

Event Times:

Maximum Number of Attendees: _____

Semester Reservation

Memo: _____