



BLACK HILLS
STATE UNIVERSITY

Request Form for Expressive Activity

Per [BHSU Policy 9:3](#) Freedom of Speech and Use of Institutional Facilities and Grounds for Expression & Demonstration, BHSU retains the right to impose lawful time, place, and manner restrictions on the use of facility and grounds in order to protect the educational environment of the institution. All groups that are not affiliated with BHSU must complete this form and return it to the Public Safety Office in Woodburn 126 or to PublicSafety@bhsu.edu at least 3 days before the requested event.

Reference: Board of Regents Policies: 1:31 Exclusion of Member of the Public for Disruption of Institutional Activities or for Misconduct, 1:32 Commitment to Freedom of Expression, and 6:13 Facilities Use by Private Parties; and South Dakota Codified Law 22-10 Unlawful Assembly and Riot and 22-19B Hate Crimes.

Date of Request _____

Description/Purpose of Event _____

Name of Organization/Company _____

Speaker(s) Name _____ Speaker(s) Title _____

Address _____ City _____ State _____ Zip _____

Requested Date(s) and Time(s) _____

(Events may only run during normal operation hours of 8:00 a.m. - 5:00 p.m. Monday – Friday.)

Requested Location _____

Will you be distributing printed materials? Yes No If yes, please provide a copy with this form.

Per policy, if any of the following conditions exist, BHSU student organizations are also required to have prior authorization for an assembly:

- Estimated attendance exceeds 150 people
- Installation of any structure like a tent, stage, or bleachers is planned
- Outdoor amplified sound will be used including bullhorns or speakers

Are you expecting more than 150 people in attendance? Yes No

If yes, please provide the estimated number of people _____

Are you planning the installation of a structure (tent, stage, bleacher, etc)? Yes No (Standard fees may apply.)

If yes, please provide description _____

Are you planning to use outdoor amplified sound (bullhorn, speakers, etc)? Yes No (Standard fees may apply.)

If yes, please provide description _____

Are you a recognized BHSU student organization? Yes No

If "yes" please provide the name of the student organization _____

Organization's Contact Person (person listed must be on site the day of the event).

Name _____ Phone # _____ Email _____

NOTICE: By using or accessing campus grounds and facilities, you assume full responsibility for any and all damages or injuries which may result to any person or property by reason of, or in connection with the use of the grounds/facilities pursuant to this policy and agree to pay the state for all damages caused to the facilities or grounds resulting from their activities hereunder. Furthermore, you agree to hold harmless and indemnify the State of South Dakota, the South Dakota Board of Regents, Black Hills State University, their officers, agents, or employees from and against any and all actions, suits, damage, liability, or other proceedings that may arise as results of the negligence, misconduct, error or omission of the State of South Dakota, the South Dakota Board of Regents, Black Hills State University, their officers, agents or employees.

Black Hills State University will be excused from performing any obligation or undertaking provided in this agreement in the event, and for so long as, the performance of any such obligation is prevented, delayed, or hindered by an act of God, fire, earthquake, flood, explosion, actions of the elements, war, insurrection, strikes, walk-outs, action of labor unions, condemnation of laws, orders of government or civilian and military authorizations, or any other cause not within the reasonable control of the University, which will render the performance of this policy impracticable.

By signing below, I consent to the foregoing terms and acknowledge that I have read and agree to abide by BHSU Policy 9:3 Freedom of Speech and Use of Institutional Facilities and Grounds for Expression & Demonstration. Black Hills State University reserves the right to eject any person from the premises who is not complying with this policy. The group/individual signing below hereby waives any right to, and claim for, damages.

Signature of Requestor _____ Date _____

Email _____ Phone _____