

BELLAIRE LOCAL SCHOOLS

AGREEMENT FOR USE OF SCHOOL FACILITIES

Groups or individuals who wish to request use of school facilities must complete this form in conjunction with the building principal. Payments for facility rental and employee service are to be paid in advance of the facilities use. Only the rooms and facilities listed are to be used. Use of any other facility is prohibited.

_____ requests to use _____
Name of Organization or individual Name of Facility

on _____ for _____ from _____ to _____
Date facility will be used Total hours A.M./PM AM/ P.M.

- Will auditorium lighting system be used? Yes No
- Will Public address system be used? Yes No
- Will kitchen facilities be used? Yes No

1. There will be minimum of _____ adult members of the above named organization present to supervise the activity and provide sufficient staff for safe crowd control. There will be approximately _____ people in attendance at the activity.
2. Will security be needed on site? Yes No
3. Clean-up of all facilities used, will be the responsibility of the renting group.
4. Bellaire Local Schools' employee will be paid by the organization or individual a minimum two (2) hours at time- and-one -half when the school employee must return to the premises as a result of said activity. A four (4) hour cancellation notice will be required to eliminate the two (2) hour minimum charge.
5. It is also understood that neither the Board of Education nor its employees will be held liable for activities or accidents which occur during the time the facilities are being used by the above named organization or individual. The hold harmless agreements must be attached to the rental form.
6. Liability Insurance is mandatory.
7. The School District reserves the right to limit or restrict rental areas for the purpose of maintenance repair or for safety concerns.

Facility Rental Fee \$ _____

Employee Total Fee \$ _____

Date Paid _____ Received by _____

Hold Harmless Agreements Attached _____

Insurance Company _____

Local Agent _____

Telephone _____ - _____

(Liability Requirements - \$300,000.00 Bodily/\$100,000.00 Property Minimum)

Copy of Certificate of Insurance Attached _____

Person responsible for supervision and payment of this agreement:

NAME (Print) _____

Signature _____

TITLE _____

ADDRESS _____

CITY _____

PHONE _____ - _____

BUILDING PRINCIPAL _____ DATE _____

HOUSEKEEPING SUPERVISOR _____ DATE _____

MAINTENANCE SUPERVISOR _____ DATE _____

CLASSIFIED EMPLOYEE ASSIGNED _____

ADOPTED: 1/10/77
REVISED: 9/10/79
REVISED: 8/8/83
REVISED: 6/11/84
REVISED: 1/14/85
REVISED: 11/13/2003
REVISED: 11/10/2014

BELLAIRE LOCAL SCHOOL DISTRICT, 340 34TH STREET, BELLAIRE, OH 43906-1513