

Deposit Received: \_\_\_\_\_ Copy to Bldg Supervisor: \_\_\_\_\_  
Bldg Supervisor Approves Return of Deposit: \_\_\_\_\_  
Signature & Date for Receipt of Returned Deposit: \_\_\_\_\_

**Application / Contract for Use of School Facilities**

The Organization/Individual has been provided and has read and hereby agrees to the terms and conditions of this District Policy. Organization/Individual hereby releases District from any liability and/or damages and assumes the responsibility and liability for any property damage or bodily injury which may occur as a result of the activities during the usage of the listed District property. Organization/Individual further agrees to indemnify District for any costs it may incur as a result of any damage or injury sustained as a result of the usage including the costs of any attorney fees expended in defense of any claim or lawsuit. Organization/Individual understands that if the group/organization/individual has insurance, it may be required to provide proof of insurance and/or to name the district as an additional insured. Organization/Individual further agrees to pay all fees due by the date of the event or this Facilities Use Agreement may be cancelled by the District. Organization/Individual, to the best of their ability, agrees to prohibit any use of alcohol, illegal drugs, tobacco use, and any other immoral and/or promiscuous activities by anyone associated with and/or attending this event.

Name of Organization \_\_\_\_\_ Date \_\_\_\_\_

Name of Individual Person Requesting Use of Facility \_\_\_\_\_

Your payment of Deposit \$100.00 \_\_\_\_\_ Cash and or \_\_\_\_\_ Check # \_\_\_\_\_

**Your deposit will ONLY be returned for one of the following reasons:**

1. **If the application is NOT approved.**
2. **If the application is approved, but canceled due to school activity.**
3. **After your activity and upon inspection the area used meets approval by administration.**

Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Date(s) to be used \_\_\_\_\_

Time the building or facility is to be used \_\_\_\_\_

Purpose for which the facility is to be used \_\_\_\_\_

Building to be used \_\_\_\_\_

If request is for the new cafeteria, will you need access to the kitchen area? \_\_\_\_\_

If **no**, access will be limited to the dining area only.

If **yes**, arrangements must be made, at your expense, with the Director of Child Nutrition to have a Cafeteria Staff Person present during such use, and there will be a fee charged to be paid to that staff member. Call 276-5353 to make arrangements.

**If Request is for Fund Raising Activity Complete Below:**

Activities to be used to raise funds \_\_\_\_\_

Expected amount to be raised \_\_\_\_\_

Proceeds to become property of \_\_\_\_\_

Proceeds to be used for \_\_\_\_\_

Reasonable care will be taken of facilities. Damage resulting from negligence, lack of supervision, etc. shall be paid for by the individual signing this application / contract and the organization they represent, to indemnify the school from any losses that may arise from or result from the organization's use of the facility. The Board of Education / Superintendent reserves the right to discontinue execution of this application at any time.

Signature of Responsible Party: \_\_\_\_\_

Administrative Approval by: \_\_\_\_\_

**NOTICE: No alcohol is allowed anywhere on school grounds.**

**School Activities are given first priority. If a conflict of use arises, the School Activity will preempt use by Non-School Sponsored Groups.**