

FACILITIES RESERVATION FORM

DATE OF RESERVATION: _____ TIME: _____

NAME OF SCHOOL FACILITIES TO BE USED: _____

GROUP NAME: _____ NUMBER IN GROUP: _____

ACTIVITY: _____ NAME OF PERSON IN CHARGE: _____

NAME OF INSURANCE COMPANY AND AMOUNT: _____

NOTE: LIQUOR OR TOBACCO PRODUCTS ARE NOT ALLOWED ON THE PREMISES

INDEMNIFICATION AGREEMENT

For the sole consideration of the use of the premises known as _____, located in Block _____ of the City of _____, N.D. on _____, 20____, the undersigned does hereby fully and forever release and discharge the TIOGA PUBLIC SCHOOL DISTRICT # 15, its agents and employees; and their heirs, personal representatives, successors, and assigns from all claims, demands, damages, actions, rights of action, of whatever kind or nature which hereafter arise out of, in consequence of, on account of, or in any way derived from the use of the aforescribed premises.

I/We further agree to reimburse the TIOGA PUBLIC SCHOOL DISTRICT # 15 for the cost of repairing any damage incurred to the premises while utilized by the undersigned, or to the replacement of same value to the loss of equipment from said premises resulting from the use of the undersigned.

Dated at _____, N.D., this _____ day of _____ 20____.

School Official

Organization

Individual