

**COMMUNITY USE OF SCHOOL DISTRICT FACILITIES AND EQUIPMENT APPLICATION FORM**

1. IF REPRESENTING A GROUP, ORGANIZATION OR COMPANY, PLEASE INDICATE GROUP NAME: \_\_\_\_\_

2. PERSON IN CHARGE OF EVENT: \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-Mail Address \_\_\_\_\_

3. FACILITY REQUESTED FOR USE: (Circle) GYM - FITNESS CENTER –BALL FIELD – OTHER \_\_\_\_\_

4. PURPOSE FOR WHICH FACILITY/EQIPMENT IS TO BE USED: \_\_\_\_\_

5. DATE(s) THE FACILITY/ EQUIPMENT WILL BE USED: \_\_\_\_\_

6. APPROXIMATE HOURS THE FACILITY/EQUIPMENT WILL BE IN USE: \_\_\_\_\_

7. ANY SPECIAL ARRANGEMENTS NEEDED? \_\_\_\_\_

8. ANYONE USING SCHOOL FACILITIES MUST BE RESPONSIBLE FOR THE FOLLOWING:

- **AGREE TO BE SURE THAT FIRE EXITS ARE READY FOR EMERGENCY USE BY OCCUPANTS AT ALL TIMES AS THE LAW REQUIRES.**
- **AGREE TO OBSERVE THE NO TOBACCO/NICOTINE RESTRICTIONS AND NOT ALLOW ALCOHOLIC BEVERAGES OR ILLEGAL SUBSTANCES ON THE PREMISE.**
- **AGREE TO PAY FOR ANY DAMAGES OCCURRING TO SCHOOL PROPERTY DUE TO YOUR USE OF THE FACILITIES AND THE ACTIVITIES OF THOSE PRESENT.**
- **AGREE TO ACCEPT THE LIABILITY FOR ANY ACCIDENTS OR INJURIES TO THOSE IN ATTENDANCE AT THE MEETING, FUNCTION, ETC., FOR WHICH YOU ARE HEREIN REQUESTING THE USE OF SCHOOL FACILITIES. A CERTIFICATE OF INDEMNITY AND LIABILITY INSURANCE MUST BE PROVIDED PRIOR TO FACILITY USE.**
- **AGREE TO PAY ANY RENTAL FEES, EXPENSES FOR THE USE OF NECESSARY SCHOOL PERSONNEL, OR OTHER.**
- **ANYONE USING SCHOOL FACILITIES IS RESPONSIBLE FOR LEAVING THOSE FACILITIES IN THE SAME, OR BETTER, CONDITION AS THAT IN WHICH THEY WERE FOUND.**
- **KEY DEPOSIT AND ANY RENTAL FEES MUST BE PAID IN FULL PRIOR TO USE.**

*(SEE FACILITY USE REGULATION FOR AGE REQUIREMENTS FOR FACILITY USAGE)*

***“I AGREE TO COMPLY WITH TERMS AND CONDITIONS SET FORTH IN THIS APPLICATION AND POLICY 905.1R1 TO DETERMINE PROPER USE OF SCHOOL FACILITIES AND EQUIPMENT AND PROVIDE AN INDEMNITY AND LIABILITY INSURANCE AGREEMENT OUTLINED IN POLICY 905.1E2 PRIOR TO USE OF SCHOOL DISTRICT BUILDINGS, SITES OR EQUIPMENT.”***

***COMPLETED APPLICATION AND FEES MUST BE TURNED IN TO THE ADMINISTRATION OFFICE NOT LESS THAN ONE WEEK PRIOR TO REQUESTED USE DATE. SCHLESWIG SCHOOL DISRICT RESERVES THE RIGHT TO CANCEL RESERVATIONS.***

*SIGNATURE OF APPLICANT* \_\_\_\_\_

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FOR OFFICE USE ONLY:

KEY DEPOSIT (\$50.00) DATE REC'D \_\_\_\_\_ KEY ID# \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

OTHER FEES: \_\_\_\_\_

APPROVING OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

TRAINING OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_