

FACILITY USE FORM

NORTH SCOTT SCHOOLS

Complete and return to:
Building Name
Street Address
City, State Zip
Phone Number

Day(s) Wanted _____

Date(s) Wanted _____

(please be specific)

This is a(n): _____ one time request _____ ongoing request from _____ to _____

Area wanted : Gym___ Athletic field___ Lunchroom___ Classroom___ Other _____

Equipment needed _____

Time wanted _____ Hours building is to be open _____

My signature indicates that I have received a copy of the district's policy (Code No. 906.1) regarding the use of a facility and/or equipment and agree to abide by it. I also agree:

- 1. To provide adult supervision for all participants and spectators.
2. That street shoes will not be worn on gymnasium floors, pianos will not be moved, and electrical outlets will not be altered.
3. That alcoholic beverages will not be present on school property and smoking will not be allowed in the building or on school grounds.
4. To be responsible for carrying the proper insurance for the group's activities.
5. That the school district and its agents shall not be held responsible for accidents, injuries, or the theft of personal property incurred by those parties authorized to use district facilities.
6. That any school equipment will be operated or supervised only by school personnel.
7. To leave the facilities in good condition, comparable to the way they were prior to use.
8. To be responsible for any damage to equipment or property which occurs during or as a result of the rental, and to report any damage to the building principal.
9. To adhere to the terms of this agreement and any additional terms imposed by the building principal.
10. That failure to abide by the above-mentioned terms or repeated wanton abuse of the facilities will result in cancellation of this and any future contracts.
11. To notify the building principal in the event of a cancellation or variation.

SIGNATURE _____ NAME (please print) _____

REPRESENTING _____ HOME PHONE _____

ADDRESS _____ WORK PHONE _____

CITY, STATE, ZIP _____

NATURE OF ACTIVITY _____

NUMBER OF PEOPLE IN GROUP _____ ADULTS _____ YOUTH _____

INSURANCE COMPANY (required) _____ POLICY NO. _____

***** FOR OFFICE USE*****

Rental Schedule (circle one) A B C D Facility use charges _____ Other charges _____

Custodian charges _____ Hours _____ Other personnel charges _____ Hours _____

Special notes _____ Amount of Deposit _____

SIGNATURE/BUILDING PRINCIPAL _____ Date _____

Approved: March 9, 1998
Reviewed: May 28, 2013
Revised: