APPLICATION FOR USE OF SCHOOL FACILITIES Douglas County West Community Schools

Name of Organization Making Re	equest:		Date:		
approved school-commur Tax-supported agency suc Nonprofit community age Group in which the major	esigned to service students of the ity associations and school-affile thas educational entity or unit of ency such as a private educational ity of the members reside within	iated non-profit groups. <i>Descr</i> f city, county or state governm al agency. <i>Describe</i> : n the District. <i>Describe</i> :	o any function of the District, including <i>ibe</i> : nent. <i>Describe</i> :		
Facilities Requested. Building:	Areas	5:			
	Dates & Tin	nes Requested:			
<u>Dates (From – To)</u>		Repeating# WksYesNoYesNoYesNoYesNo			
Describe the Type of Activity or Ev	Details of Use (Attach an ad ent:				
No. of Anticipated Users and Spect	ators: Concessions/Food	Served: Yes No Describ	e:		
Set Up or Tear Down Required by I	District:				
Type of Cleaning Required During	and Afterwards:				
Special Equipment to be Used (Dist	rict & Organization):				
Fees (To Be Completed by Supe	erintendent or Designee)	Advance Deposit Date Deposit Due	\$		
	Amount	••			
Processing			, at its own expense, a Comprehensive		
Access			General Liability insurance policy naming the District as an additional insured. This policy shall be written with a		

General Liability insurance policy naming the District as an additional insured. This policy shall be written with a minimum of \$1,000,000 Combined Single Limit per occurrence. A Certificate of Insurance evidencing coverage must be submitted prior to the Applicant's use.

Insurance requirement waived: Yes No (for school official to complete)

Policy Compliance and Acceptance of Liability

This application is subject to the terms of the Board's "Community Use of School Facilities" policy. <u>The terms and conditions of that</u> policy are incorporated into this application by this reference. Applicant accepts all such terms and conditions.

We have read, understand and agree to abide by the policies, rules and conditions on the use of these facilities on this form and in Board Policy. We understand that we are accepting the use of the facility from the Douglas County West Community Schools with no assurances or guarantees relative to their condition. It shall be our responsibility to check the facility to see that it is safe for our intended use. We take full responsibility for the facilities while they are being used by our group and will make full restitution for any and all damages which may occur while our group is using the facility. We agree to indemnify and hold the school district harmless for any and all accidents and injuries to ourselves or others while we are using the facility regardless of the negligence of the school district or its personnel. We assume full responsibility and liability for any injuries.

Name, Position

Kitchen

Security

Total

Monitoring

Special Equipment

Signature

Name, Position

Date