

# Request for Use of Facilities

White Township School

**Must be submitted at least 10 days in advance of event. Event may not take place without prior written approval.**

**Date of Request:** \_\_\_\_\_ **Organization/Event:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_ Includes set up and break down.

**Facility Requested:**  Cafeteria  Gymnasium  Media Center  Classroom  Playing Field  Stage  
 Kitchen – Please note for what \_\_\_\_\_  
 Car Wash (Hoses needed:  Yes  No)  Parking Lot

**Equipment Requested:**  Tables - # needed \_\_\_\_\_  Chairs - # needed \_\_\_\_\_  
 Projector  Power  Microphone  Other - \_\_\_\_\_

**Number of Participants per Session:** \_\_\_\_\_ **Number of Adult Supervisors/Coaches per Session:** \_\_\_\_\_

## Hold Harmless Agreement.

I/We hereby release, discharge, covenant not to sue, and agree to hold harmless the White Township Board of Education, it's Board members, administrators, directors, agents, volunteers, and employees, (each considered one of the "Releases" herein) from all liability, claims, demands, losses, or damages on account caused or alleged to be caused in whole or in part by the negligence of the "Releases" or otherwise, including negligent rescue operations and further agree that if, despite this release, I/we, or anyone on behalf of me/us, or any person or participant in my/our activity identified on this document, makes a claim against any of the Releases named above, I/WE WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST IF ANY MAY INCUR AS THE RESULT OF SUCH CLAIM.

**Signature of Contact Person:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Certification.

I/We have read Policy and Regulation 7510 Use of School Facilities and Policy and Regulation 2431.4 Prevention and treatment of Sports Related Concussions and Head Injuries, which are posted on the district website, and agree to abide by them and to be responsible for the organization/group requesting use of school facilities.

I/We agree to the following:

1. All exterior doors shall remain closed and locked at all times.
2. Food and beverages shall not be taken into the gymnasium, with the exception of water.
3. Cleats shall be removed before entering the school building.
4. Gum chewing shall not be permitted in school buildings.

**Signature of Applicant:** \_\_\_\_\_ **Signature of Co-Applicant (if any):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submittal.** This request will be reviewed when the following information is received:

1. Completed Request for Use of Facilities Form, including Hold Harmless Agreement signature and Certification signatures.
2. Certificate of Liability Insurance for at least \$1 million naming White Township BOE as additional insured.

**Name of Liability Insurance Co.:** \_\_\_\_\_

**Policy Limits:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

## District Use Only

Request Approved  Request Denied

**Reason for Denial:** \_\_\_\_\_

**Superintendent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Request for Use of Facilities**  
**DO NOT WRITE ON THIS SIDE. FOR BOARD USE ONLY.**

Request Approved    Request Denied

Is Kitchen Staff/Service required?    Yes    No   If yes, how long? \_\_\_\_\_ (2 hour minimum)

Does night custodian need to open kitchen at event closing?    Yes    No

Check #: \_\_\_\_\_ Certificate of Insurance Received

Dates not approved (if any): \_\_\_\_\_

Special Conditions (if any): \_\_\_\_\_

Rental Fee: \$\_\_\_\_\_ Based Upon \_\_\_\_\_ Hours of Use \_\_\_\_\_

Building to be vacated by \_\_\_\_\_ P.M. at the latest.

Evening activity final approval contingent upon fee payment and submission of insurance certificate on or before 1:00 P.M. \_\_\_\_\_

**All checks are to be made payable to the White Township Board of Education. (NO CASH ACCEPTED)**

**Superintendent (or Designee) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

A copy of this form shall be returned to the applicant.

Any Saturday or Sunday request must be submitted to the Superintendent to assure coverage.