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| **NORTH BOLIVAR CONSOLIDATED SCHOOL DISTRICT**  **APPLICATION FOR USE OF FACILITIES** | |
| Name of Person  Making Application: | Date: |
| Street Address: | Telephone: |
| City/State | Fax: |
| Organization, if applicable | Telephone: |
| Name of President/Secretary or Head of  Organization and two other members: | |
| Street Address of Organization: | City/State: |
| School Facility/ies  Requested: | Date(s)  Requested: |
| Reason(s) for Requesting  Use of Facility/ies |  |
| Will Admission be charged? Yes \_\_\_ No \_\_\_ Will Funds be solicited? Yes \_\_\_ No \_\_\_  Will Merchandise be sold? Yes \_\_\_ No \_\_\_ Certificate of Insurance Attached? Yes \_\_\_ No \_\_\_  Length of Use \_\_\_\_\_\_\_\_\_\_ Hours Opening Time \_\_\_\_\_\_\_\_\_ Closing Time \_\_\_\_\_\_\_\_\_\_\_  Estimated Number of Participants: \_\_\_\_\_\_\_\_\_\_\_\_\_ Adults \_\_\_\_\_\_\_\_ Children \_\_\_\_\_\_\_\_  The applicant authorize the Superintendent of North Bolivar Consolidated School District to make repairs to any damaged building or equipment, or to replace the same in event of destruction or loss resulting from use of the building or equipment and to bill the undersigned for same. The applicant obligates and binds itself and save harmless the North Bolivar Consolidated School District from any and all claims for personal injuries, or otherwise to all persons resulting from attendance at this event sponsored by the applicant.  The user shall indemnity, defend and hold harmless the district from and against any and all liability, loss, cost damages or expense, including but not limited to attorney’s fees incurred by or assessed against the district, and any and all claims demands and causes of  action asserted against the District by any person, whether for loss of life, personal injury or loss of damage to property, (a) occurring in or on the premises during the term of use by user, (b) arising from or out of the use and occupancy of the premises by the user, his/her agents, employees and invitees, (c) occasionally wholly or in part by any act or omission of the user of the district or (d)  occasioned by the user’s violation of any applicable law, ordinance, order, rule or regulation. Further, the user will provide to the district before using the premises a certificate of insurance evidencing that fact that the user is insured against liability for use of the premises in an amount not less than $1,000,000 personal damages and $259,000 property damage and the certificate of insurance will show the North Bolivar Consolidated School District as an additional insured.  It is the responsibility of the applicant(s) to read the district’s policy for using school facilities and equipment.  A police officer will be present for the entire duration of the activity in a ratio of one officer for every 250 participants.  I *certify that the information given above is true to the best of my knowledge. I understand that this agreement shall become null and void should this agreement be assigned to another party, or users fail to abide by the district’s facility use policy.*  Applicants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Principal's Approval)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Superintendent's Approval)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Board Action (if applicable) (Date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **RATE SCHEDULE** | | | | | | | | RATE | DEPOSIT | BASE RENTAL | HOURLY CHARGE | JANITORIAL CHARGE\* | SUPERVISION\*\* | OTHER | | A |  |  |  |  |  |  | | B |  |  |  |  |  |  | | C |  |  |  |  |  |  | | D |  |  |  |  |  |  | | **CHARGES** | | | | | | | | RATE | DEPOSIT | BASE RENTAL | HOURLY CHARGE | JANITORIAL CHARGE\* | SUPERVISION\*\* | OTHER | |  |  |  |  |  |  |  |   \* @ salary plus hourly overtime rate (time and one half) + fringe benefits where applicable. | |