

**APPLICATION/AGREEMENT FOR USE OF SCHOOL DISTRICT FACILITIES  
(School Board Policy KF-R)**

Organization / Individual requesting use of facility: \_\_\_\_\_

Name of Responsible Individual: \_\_\_\_\_  
(This person shall be responsible to ensure compliance with all rules and regulations in connection with use of a School District Facility, and MUST be present for the entire duration of the event)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

School or Facility Requested: \_\_\_\_\_

Classroom No.      Cafeteria      Kitchen      Band Room      Gym      Aux Gym      Auditorium

Date of Request: \_\_\_\_\_ Date(s) for use of facility: \_\_\_\_\_

BRIEF DESCRIPTION OF ACTIVITY:

\_\_\_\_\_

- Clean-up: 1. \_\_\_\_\_ Organization / Individual will handle clean-up.  
(If room(s) not left in satisfactory condition, Organization/Individual will be charged a custodial cleaning fee of \$18.00/hour.)
2. \_\_\_\_\_ School will handle clean-up (custodial cleaning fee is \$18.00/hour).

- \*NOTE:**
1. **Smoking, chewing, or any use of any tobacco or marijuana products is not permitted in any areas.**
  2. **Alcoholic beverages are prohibited.**
  3. **Adult supervision is required for the duration of all youth programs. During adult programs, under age youth should be supervised.**
  4. **Please consult Policy KF-R and KF-E for additional information and regulations.**

Charges: All fees will be charged in accordance with the Facility Use Fee Schedule (See Policy KF-R ), and all fees must be paid in advance.

Facility Use \$ \_\_\_\_\_ Personnel Cost \$ \_\_\_\_\_ Custodial \$ \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

**INSURANCE REQUIRED**

\_\_\_\_\_ (Initial) Applicant is responsible to provide proof of liability insurance with the following minimum limits: one million dollars per occurrence, and two million dollars aggregate. (Exceptions may be made on a case-by-case basis ONLY upon approval by School District Administration.) **\*A copy of the Organization/Individual insurance policy must be provided with this Application. Failure to provide proof of insurance will result in a denial of the Application.**

**WAIVER AND RELEASE OF LIABILITY**

**\*Applicant must READ CAREFULLY and INITIAL next to each statement:**

\_\_\_\_\_ Upon approval, this Application shall become a contractual agreement between myself and the School District.

\_\_\_\_\_ I acknowledge that I have received and read a copy of the current rules and regulations governing the use of a School District facility (See Policy KF-E). I agree that I/we will fully comply with all rules and regulations and with the terms of this Agreement.

\_\_\_\_\_ I understand that I/we shall be responsible for all damages and losses to the School District building, equipment and/or contents.

\_\_\_\_\_ School District will not be held responsible for any lost, stolen, or damaged valuables or property brought on the premises.

\_\_\_\_\_ I/we agree not to sue the School District for any damage or injury sustained during my/our use of the premises. If the School District is sued or is found liable for injuries that occur during my/our use of District facilities, I/we will reimburse the District for any expenses it has as a result. [Applicant does hereby agree to indemnify and hold harmless Delta County School District, its agents, servants, employees, insurers, successors and assigns from any and all claims, demands, causes of action, damages or suits at law and equity of any kind, including but not limited to claims for personal injury, property damage, medical expenses, loss of services, including attorney's fees and costs, on account of or in any way related to or growing out of my presence or involvement at the facility.]

\_\_\_\_\_ I/we agree to release Delta County School District from any and all liability for damages or injuries on account of or in any way related to or growing out of my/our negligence, the negligence of third parties and the negligence of Delta County School District.

I, Applicant, have read the Application/Agreement and understand that by signing the Application/Agreement I/we have consented to be bound by its terms, including the waiver/release of any legal right I may have to sue Delta County School District for any costs they incur because a claim or legal action is brought in violation of this Agreement. I/we agree any violation of the Agreement and its terms and conditions, as determined by Delta County School District, will void and terminate this Agreement and may result in loss of the ability to use the facility.

I, Applicant, am signing this Application/Agreement freely, voluntarily and competently and am at least eighteen (18) years of age.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**\*FOR ADMINISTRATIVE USE ONLY\***

APPLICATION DENIED

REASON FOR DENIAL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Principal/Designee

APPLICATION APPROVED

This confirms the School District's approval of your use of the facility and areas described above. This area has been reserved for you and your group on the date(s) and for the amount specified above. We sincerely hope you find these arrangements satisfactory, and we look forward to working with you.

\_\_\_\_\_  
Principal/Designee

\*PRINCIPAL OR DESIGNEE: Upon approval/denial, please fax or email this application to the District Office, c/o Business Manager (970)-874-5744.

Adopted: August 30, 2019