

Valley School District
FACILITIES USE AGREEMENT
School Year _____

SECTION I: Information

Name of Organization / Person Making Request (Facility User)

Facilities Requested (Specify Room/Grounds):

Requested Date(s) and Time(s) of Use:

1) _____

2) _____

Person in charge on site

Address

Phone number(s)

City, State, Zip

Description of Activities: _____

Anticipated number of participants/spectators..... _____

If the activity falls on a weekend or during non-school hours, will you require heat? Y N

If using the kitchen, will you need hot water? Y N

If available, will you require any equipment or supplies?..... Y N

If yes, please describe _____

SECTION II: Indemnity Agreement

The undersigned (Facility User) agrees to indemnify and hold harmless the Valley School District #070, its agents, officers, and employees, from any and all claims, demands, causes of action, suits or judgments for deaths or injuries to persons or for loss of or damage to property arising out of or in connection with the use and occupancy of the facility by User(s), its agents, servants, employees or invitees whether or not caused by the District's negligence. In the event of any claims made or suits filed, the District shall give User prompt written notice thereof and User shall have the right to defend or settle the same to the extent of its interest hereunder.

APPLICANT/USER INITIALS _____

SECTION III: Certification

I (Facility User) understand, accept and agree to abide by all the terms of this Agreement, including the Facility Use rules and regulations as stated in the district policy, procedure(s) and other information provided to me. I agree to abide by all state and federal laws, mandates, and safety guidelines during any activities utilizing Valley School District facilities. I agree to be responsible for prompt and full payment of the fees required by this Agreement.

Signature: _____ Date: _____

FOR OFFICE USE ONLY: To be completed by Approving Authority and Designee

Classification A B C

Certificate of Insurance Requested ... Y N

Date Received _____

Keys issued? Y N

Basic Fee \$ _____

Custodial Fee \$ _____

Other Fee(s) \$ _____

Total Fee Due \$ _____

Recipient name / phone number

SIGNATURE of approving authority or designee

DATE