**Skykomish School District #404**

105 Sixth Street North/P.O. Box 325 Skykomish, WA 98288 Phone: 360-677-2623 Fax: 360-677-2418

**Application and Agreement for Use of School Facilities**

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate number attending: \_\_\_\_\_\_\_\_\_ Is the meeting open to the public? \_\_\_\_\_\_\_\_\_\_

Is there a charge for the meeting? \_\_\_\_\_\_\_\_ If yes, how much per person? \_\_\_\_\_\_\_\_\_\_\_\_\_

Facility desired (Gym, Cafeteria, Community Center, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE ABOVE APPLICATION FOR USE OF SCHOOL FACILITIES IS APPROVED SUBJECT TO THE FOLLOWING REGULATIONS:

1. Payment of any service charge shall be made in advance unless prior arrangements have been made with the business office.
2. Any group or individual using the facility must meet with District personnel for a pre-inspection and a post inspection of the facilities.
3. Any group or individuals using the facilities accept any responsibility for any damages done to District property and shall reimburse the District for any such damage.
4. When no service charge is paid for cleaning, the group or individual agrees to clean the facility and restore the equipment/furniture to its original arrangement.
5. Only the facilities listed in the application will be used by the applicant’s group.
6. Smoking is NOT permitted on District property. Groups or individuals using school facilities accept responsibility for enforcement of this rule.
7. No eating or drinking is allowed in the gym.
8. No unsupervised students are allowed.
9. The District reserves the right to cancel, upon short notice, any meeting or activity in any District facility.
10. Copy to District of Liability Insurance in Force.

THIS AGREEMENT made on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, by and between the Skykomish School District #404, Skykomish, WA., (hereinafter called “District”), and the (hereinafter called “Renter”).

WITNESSETH:

WHEREAS, the Skykomish School District is desirous of allowing its school facility to be used by responsible organizations to promote community well-being; and

WHEREAS, Renter is desirous of renting the facilities described below;

NOW THEREFORE, in consideration of the mutual promises herein contained, the parties here on agree as follows:

Groups or individuals using school facilities agree to protect and indemnify for costs, legal and other expenses the District, its officers, directors and agents from all claims, liabilities or suits related to, or arising from acts or omissions of such groups or individuals in connection with the use of any such school facilities.

I am aware of the potential liabilities I may incur by participating in this non-school sanctioned activity.

I have read School Board Policy #4260 and accept all conditions set forth as the liable and responsible person/applicant.

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent/District Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre-event facility inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post-event facility inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre-Damage Noted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post-Damage Noted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_