

Victor Valley Union High School District USE OF FACILITY REQUEST FORM

School Site Requested: _____ Date Submitted: _____

Facility/Area Requested (Classroom, Cafeteria, Quad, field, etc.): _____

Date(s) requested: _____ Hours- From: _____ To: _____ am/p.m.

Date(s) requested: _____ Hours- From: _____ To: _____ am/p.m.

Group Name: _____ Type of Event: _____ Expected Attendance: _____

Contact Name: _____ Phone: _____

Mailing Address: _____

(Requester must be an officer of the organization/group or present written authority from organization/group making this application.)

Please attach list of all responsible adults at this event or program (coaches, leaders, teachers, etc.):

Applicant has received or will receive for the activities herein listed contributions, cash collections, registration, admission fees, or other receipts estimated in the amount of \$ _____

Check here if none Net proceeds will be used for: _____ Is the use non-exclusive and open to the public? Yes No

Equipment Requested: _____

All advertising/or event or program is subject to District approval.

REQUIRED CERTIFICATION:

1. Applicant hereby agrees to defend, indemnify and hold harmless the Victor Valley Union High School District, its Board of Trustees, all district officers, agents and employees, individually and collectively, from and against all costs, losses, claims, actions and judgments arising from personal injuries, property damage or otherwise, regardless of cause, that may arise in any way from or be alleged to be caused by the undersigned's use or occupancy of District facilities, furniture or equipment
2. The undersigned agrees to provide a certificate of insurance for liability coverage of not less than \$1,000,000 per occurrence/\$1,000,000 aggregate that is satisfactory to the District and names the District as an additional insured.
3. Applicant hereby certifies that he has received and read the rules, regulations, conditions, terms and that he and the applicant which he represents, will abide by them and will conform to all applicable provisions of the Constitution and laws of California and to all other rules and regulations of the Board of Education and its authorized agents which may be communicated to the applicant and to the best of my knowledge the school property for use of which this application is hereby made will not be used for the commission of any crime or any act which is prohibited by law. _____ (initial here).
4. It is agreed that in the event this permit is canceled by the applicant no refund will be made and that changes in date or extension of time shall be made only as specified by the rules governing use of school facilities.
5. In executing this declaration, the applicant certifies that he has been duly authorized by the herein set forth applicant to act in its behalf in making application for use of said facilities.

FOR RENTAL OF ATHLETIC ACTIVITY: WARNING: Use of steroid to increase strength or growth can cause serious health problems. Steroids can keep teenagers from growing to their full height; they can also cause heart disease, stroke, and damaged liver function. Men and women using steroids may develop fertility problems, personality changes and acne. Men can also experience premature balding and development of breast tissue. These health hazards are in addition to the civil and criminal penalties for unauthorized sale, use or exchange of anabolic steroids.

EVENTS ARE SUBJECT TO CANCELLATION OR CHANGE DUE TO CIRCUMSTANCES, STAFF SCHEDULING, UNFORSEEN EVENTS.

ACCESS TO SCHOOLS SITES BY DISTRICT REPRESENTATIVE ONLY. CUSTODIAL OVERTIME MAY BE CHARGED WILL BE QUOTED.

EVENT IS NOT CONFIRMED UNTIL SCHEDULING/STAFF/ACCOMMODATIONS/QUOTES ARE APPROVED AND RETURNED TO ALL PARTIES.

Requester's Signature

Printed Name

(FOR SITE USE)

Rental Fees: \$ _____ Per Hour Free Employee support: \$ _____ Per Hour (Timesheet attached) TOTAL AMOUNT DUE: \$ _____

Site Administrator's Signature

Date

Site Office Staff Signature

Date

(FOR DISTRICT OFFICE USE)

District Office Approving Signature

Date

All requests must be signed off by Risk Management Office

Fees Reviewed Additional References Attachment Paid in Full Cert. of Insurance

(Revised 03/2012)