

Application for Use of School Buildings and/or Facilities

We have read the school law which governs the use of public-school properties and also the attached regulations established by the Brentwood Board of Education regarding the care and usage of school facilities. We agree to abide by the law and the local regulations in every aspect. This application must be submitted with all the information as requested; failure to do so will delay the processing of your request. Certificate of Insurance must accompany application. This certificate must name the Brentwood School District as additional insured. It is the sole responsibility of the applicant to maintain sufficient insurance coverage throughout the period of use requested and to comply with all laws and District policies regarding the proposed use of facilities.

(Name of Facility User) \_\_\_\_\_ does covenant and agree to defend, indemnify and hold harmless the Brentwood Union Free School District from and against any and all liability, loss, damages, claims or actions (including costs and attorney’s fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in any way connected with the actual or proposed use of Brentwood Union Free School District property, facilities and/or services, including but not limited to bodily injury to any employee, invitee, guest, contractor or subcontractor of \_\_\_\_\_ (Facility User).

(Facility User) \_\_\_\_\_ understands and agrees that its use of Brentwood School District property and facilities includes, but is not limited to, all areas identified in the application and/or permit, and sidewalks, parking lots, entrances, stairs, and all other areas incidental to and/or connected with the use of the premises (hereinafter referred to as the “incidental areas”). The Facility User agrees that its indemnity and insurance obligations extend to the areas identified in the application and/or permit and any and all incidental areas.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature of Organization’s Representative

SCHOOL/BUILDING REQUESTED: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Number of Participants Expected: \_\_\_\_\_, Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Is There an Admission Fee Charged? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what will the proceeds be used for: \_\_\_\_\_

**NOTE: If the building is to be used on Saturday and/or Sunday the Organization using the building will be charged for overtime custodial services and/or security fees.**

<b>The following person has agreed to assume responsibility for the facilities while they are being used by our organization.</b>		
Event Supervisor: _____ Print Name	_____ Signature	
Address: _____ Street	_____ City/Town	_____ State/Zip
Phone: _____	Email: _____	

## Application for Use of School Buildings and/or Facilities

Day(s) of Event	Date(s) of Event	Time of Event	<i>Official Use Only</i>
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	From: ___ / ___ / ___ M     D     Y  To: ___ / ___ / ___ M     D     Y	From: _____ AM or PM  To: _____ AM or PM	Check when submitted by the organization _____ <i>Insurance Cert.</i> _____ <i>Organization Roster</i> <i>w/Officers</i> _____ <i>Hold Harmless</i> _____ <i>Not for Profit Proof</i> _____ <i>CG 20 Form</i>

AREAS TO BE USED (Check all that apply)				
<input type="checkbox"/> Auditorium	<input type="checkbox"/> Classrooms Please List: _____	<input type="checkbox"/> Cafeteria  <input type="checkbox"/> Large <input type="checkbox"/> Small	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Other Explain _____
<input type="checkbox"/> Baseball Field	<input type="checkbox"/> Football Field	<input type="checkbox"/> Tennis Court	<input type="checkbox"/> Soccer Field	<input type="checkbox"/> Gymnasium

**The Athletic Director must approve for use of the Baseball, Football or Soccer Fields, Tennis Courts and Gymnasium.**

**APPROVED**

**DISAPPROVED**

*Athletic Director Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

<u>Audiovisual Needs</u>	
<input type="checkbox"/> Stage or Auditorium Lighting  <input type="checkbox"/> Audio set-up	<input type="checkbox"/> Computer/Laptop for Smart Boards  <input type="checkbox"/> Other needs (please specify): _____
I understand that the requests for these services will incur an additional cost. _____ (Please Initial)	
<i>*If necessary, provide detailed information on back.</i>	

**APPROVED**

**DISAPPROVED**

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by the Board of Education: 08/17/17

Approved by the Board of Education: 11/21/19

Approved by the Board of Education: 03/18/21