

**GENERAL TERMS AND CONDITIONS GOVERNING
THE USE OF SCHOOL DISTRICT FACILITIES**

1. Applicant is financially responsible for (a) any extraordinary cleaning requirements arising from Applicant's use of the school facilities or grounds, and (b) the amount of the Board of Education's insurance deductible in the event an insurance claim is made for liability, property damage or personal injury resulting from Applicant's occupancy or use of the school facilities or grounds.
2. If this box is checked, Applicant is also responsible for any liability, property damage, personal injury, theft or loss of supplies and equipment arising from Applicant's occupancy or use of school facilities or grounds. In such case, Applicant shall provide the board of Education with proof of comprehensive liability insurance in amounts not less than \$500,000.00/individual and \$1,000,000.00/aggregate claim, naming Ottawa Hills Board of Education as an additional insured.
3. It is understood by the requesting organization that the Superintendent reserves the right to rescind permission to use the school facilities or grounds if they are needed by the Ottawa Hills Schools.
4. Smoking and/or use of tobacco, the use, possession, or consumption of alcoholic beverages in any form, drugs, drug paraphernalia or gambling are prohibited on school grounds and in school buildings.
5. Fees involved with the use of school facilities must be paid two weeks in advance to: Treasurer, Ottawa Hills Schools, 3600 Indian Road, Toledo, OH 43606.
6. In signing the Application, the applicant agrees to all terms and conditions, including proof of insurance, set forth in the Application and General Terms and Conditions, and agrees to furnish any additional requested information.

APPLICANT MUST SIGN IN SPACE DESIGNATED BELOW.

I have read this APPLICATION FOR USE OF SCHOOL DISTRICT FACILITIES and GENERAL TERMS AND CONDITIONS GOVERNING THE USE OF SCHOOL DISTRICT FACILITIES and I hereby agree to all terms and conditions.

(Date)

Print Name: _____

Applicant's Signature: _____
Individually or on behalf of Organization

Address: _____

City, State, Zip: _____ Phone No. _____