



DELL RAPIDS SCHOOL DISTRICT

1216 NORTH GARFIELD
DELL RAPIDS, SD 57022
PHONE 605.428.5473 / FAX 605.428.5609



QUARRIER PRIDE

“We Empower Each Other To Excel”

DELL RAPIDS SCHOOL DISTRICT FACILITY USE APPLICATION/AGREEMENT

• **WHO ARE YOU?**

Group requesting use: _____

Purpose of use: _____

Individual responsible (must be 21): _____

Requesting Individual's Phone: _____

Requesting Individual's Address: _____

Requesting Individual's E-Mail: _____

• **WHICH FACILITY WOULD YOU LIKE TO USE?**

_____ ES Gym	_____ MS Gym	_____ HS Gym
_____ ES/MS Commons	_____ FB Field/Track	_____ Stage
_____ Kitchen	_____ Other:	

• **WHEN WOULD YOU LIKE TO USE THIS FACILITY?**

Dates of Requested Use: _____

Hours of Requested Use: _____

(doors unlocked to doors locked)

• **DO YOU HAVE ANY OF THE FOLLOWING REQUIREMENTS?**

Concessions?	yes / no	(money bags, popcorn, food)
Custodial?	yes / no	(\$30 per hour fee)
Set Up ?	yes / no	(bleachers, chairs, scoreboards, etc.)
Technology needs?	yes / no	(laptops, screens, sound, PA)
Other – Please Specify:	_____	

• **WILL YOU HAVE TO PAY A FEE?**

* Admission charged at this event?	yes / no
* Part of your business?	yes / no
Paid \$50 refundable key deposit?	yes / no
** Adult Rec. Using DRSD Equipt.	yes / no

* You will need to pay a \$40 per hour fee if “yes.” Contact A.D. for a daily rate.

** You will need to pay a one-time \$100 equipment fee for your season.

• **DO YOU NEED A CERTIFICATE OF INSURANCE?**

- **“NO”** you do not need to secure liability insurance for your facility use if...
 - 1) You are a DRSD resident and are using facilities to coach a youth team and receive no payment
 - 2) You are a DRSD resident and are using facilities for an adult rec league
 - 3) You have contacted the Activities Director or Superintendent and this has been waived
 - 4) You have signed the release below & fulfill #1 - #3 above

- **“YES”** you need to provide proof of insurance for your facility use if...
 - 1) You are renting the facility
 - 2) You are hosting an event that is not a practice or open gym for DRSD youth or adults
 - 3) You are not sure; in which case you need to contact the Activities Director
 - 4) Fulfill #1 - #3 above; However, you still must sign the release below
 - 5) Please see the following:

- Before facility use the applicant must submit a certificate of insurance verifying that the applicant has, for the activity for which use of the school facility is requested, a certificate verifying general liability insurance with minimum limits of liability in respect to bodily injury of death of \$500,000 for each person and \$1,000,000 for each occurrence, and in respect to property damage of \$1,000,000 for each occurrence. However, receipt of such verification does not constitute and shall not be deemed a waiver by the School District of the immunity for liability granted to the School District by SDCL 13-24-20.

PLEASE REVIEW THE FOLLOWING THEN SIGN AND DATE

- Facilities cannot be rented/used when such activities conflict with Dell Rapids school activities.
- Outside activities will be cancelled when school is cancelled due to inclement weather.
- Outside groups will not use school athletic facilities during the July and December moratoriums
- Outside group activities' use will be limited to August 15 Through May 15.
- The group/individual requesting the use of the facilities must abide by district policy and the following:
 - Assume Responsibility for any damage beyond normal wear on the facilities.
 - Prohibit use or consumption of any alcoholic beverages/illegal drugs is on any school premises or property.
 - Police rented facilities and parking lot areas being used by the renting party and their guests.
 - Submit this form, signed and dated three days prior to the desired date for use.
 - Provide proper supervision for the event and all surround school property.

The undersigned, on behalf of _____ hereby indicates that he/she has read and agrees to comply with the policy and procedures governing the use of school facilities. The undersigned assumes all and exclusive responsibility and liability for any injury to persons, damage to school facilities or school personal property that may result from use of said facility.

The undersigned assumes all and exclusive responsibility for the preservation of order and the sole responsibility for any injury to persons, damage to school facilities or school or personal property, or loss of school or personal property that may result from this use.

The Dell Rapids School District will not be responsible for any materials, equipment, or personal belongings left in the building. The undersigned agrees to indemnify and hold the Dell Rapids School District, its agents and servants, and employees harmless from and against all claims and expenses for it, including attorney fees. The undersigned represents that he/she has authority to bind the organization.

REQUESTING GROUP/INDIVIDUAL

DELL RAPIDS SCHOOL DISTRICT

(signature)

(school official with title)

(date)

(date of approval)