



# Longview Public Schools

## Facility Use Application

### Applicant Information

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

Organization \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Facility Requested: \_\_\_\_\_ Room/Space: \_\_\_\_\_

Purpose Of Useage:

Start Date: \_\_\_\_\_ End Date \_\_\_\_\_ Start Time/End Time: \_\_\_\_\_

Days of Week:    Mon    Tue    Wed    Thur    Fri    Sat    Sun

Approx # of Attendees: Youth      Adults      % of Youth LSD Students

### Additional Notes/Requests

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

**GYMS WILL CLOSE EARLY IN MIDDLE SCHOOL AND HIGH SCHOOLS FOR CLEANING OF WOODEN FLOORS 2 DAYS PER WEEK.**

**BUILDINGS WILL SCHEDULE ACCORDINGLY IN MIDDLE SCHOOL AND HIGH SCHOOL TO ALLOW USAGE TO END BY 8:00 PM TWO NIGHTS PER WEEK.**

1. This is an application only. Reservations are confirmed when all signatures and proof of insurance are received. User accepts full responsibility and agrees to hold the school district harmless for any injury to persons or property resulting from this use.
2. School facilities are primarily for school activities. Rescheduling may sometimes be necessary to accommodate school events.
3. Users are responsible for their own set up, and must leave the facility as found, to avoid additional fees.
4. Facilities used shall be limited to those specified on the application. Custodians/Other Staff do not have the authority to permit use of facilities or equipment not indicated on the application.
5. Adequate child and event supervision must be provided by applicant. This shall include proper police and fire protection when necessary.
6. The applicant agrees to reimburse the Longview School District for any damage arising from the applicant's use of facility.
7. Special provisions will not be made for electrical power for applicants.
8. Park in approved areas only, Do not block fire lanes.
9. STATE LAW PROHIBITS FIREARMS, ALL FORMS OF TOBACCO USE, ILLEGAL DRUGS OR CONSUMPTION OF ALCOHOLIC BEVERAGES IN SCHOOL BUILDINGS OR GROUNDS, INCLUDING PARKING LOTS.

Submit Application to: [MOTFOperations@longview.k12.wa.us](mailto:MOTFOperations@longview.k12.wa.us)



**LONGVIEW SCHOOL DISTRICT**

Compliance Statement for HB 1824, **Youth Sports-Head Injury Policies**  
and SB 5083, Sudden Cardiac Arrest Awareness.

(Attach to any building/facility use request form)

Name of Group: \_\_\_\_\_ requests  
the use of the (name of facility) \_\_\_\_\_ in the  
Longview School District facilities for the following dates: \_\_\_\_\_.

\_\_\_\_\_, a private non-profit group, verifies all  
managers and volunteers have complied with mandated policies for the **Management of  
Concussions and Head Injuries** as prescribed by HP 1824, section 2 and **Sudden Cardiac Arrest  
Awareness** as prescribed by SB 5083, section 3.

Attached is a proof of insurance under an accident and liability policy issued by an insurance  
company authorized to do business in Washington State covering any injury or damage with at  
least \$50,000 due to bodily injury or death of one person and at least \$100,000 due to bodily  
injury or death to two or more persons.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Representative of Private Non-Private Group

\*Note: Access to school facilities may not be granted until all requirements of this application  
are complete and approved by the school district and/or designee.