

SPRINGFIELD LOCAL SCHOOL DISTRICT
USE OF FACILITIES APPLICATION

Name of Organization: _____

Contact Person: _____

Address: Phone: _____

School Requested: Elementary Intermediate High School

Type of Activity: _____

Day and Date Requested. _____ Hours: _____

Facilities: Gym Auditorium Computer Room Classroom Track

Football Field Baseball Field Cafeteria Kitchen

Other: _____

If the Kitchen is requested what equipment will be used: Microwave Stove Steamer Tables Pans
Ovens Dishwasher Banquet Tables Warmers Large Coffee Pot SS Silverware
Mixer Utensils

Freezer Cooler No longer available for use

Other: **FRYERS MAY NOT BE USED**

Equipment Requested for facilities other than kitchen:

School Personnel Needed: Cook How many? _____ Custodian How many?
Hours _____ Hours _____

NOTE: If facilities are not cleaned after use you will be charged for the cost of the Custodians to clean the facility.

WAIVER OF CLAIM FOR PERSONAL INJURES AND
ACCEPTANCE OF LIABILITY FOR DAMAGES

_____ (Name of Organization) agree to indemnify and hold harmless the Springfield Local Board of Education and their agents and employees from all liability, claims, demands, damages or costs, for or arising out of use of above-named facility whether it be caused by the negligence of indemnitor or the Springfield Local Board of Education or either party's agents or employees, or otherwise. Furthermore, I accept full liability for any damages which is caused to the facility and/or equipment this rental period.

Signature of Renter: _____ Date: _____

Estimated charge (by Treasurer)_____

Additional hours may be necessary to accommodate special arrangements, cleanup, etc.

Approval of Facilities Supervisor:

Approval of Superintendent:

Copies to: Facilities Supervisor Organization Principal Maintenance Supervisor
Food Service Supervisor District Calendar Athletic Facilities Maintenance Schedule

Revised 08/28/23