Sheldon Independent School District

Facility Reservation Request

Facility requested / facility name					Exact Room or location
Day of Week	Month	Date	Year	Time of event	Until
Name of Sponsor responsible for facility and / or equipment				Address Is your organization with in SISD? ☐ ☐	Phone
				E-mail:	
Number in attendance (approximate)				Reason for facility use	

List any special equipment (chairs tables etc.) needed. Equipment must be coordinated through campus principal or facility administrator.

See attached document for fee schedule

FACILITY USE HOLD HARMLESS AGREEMENT

User of Facility, agrees to protect, indemnify and hold free and harmless, Sheldon Independent School District, its Board of Trustees, Officers, employees and agents from and against any and all claims, demands, causes of action, or other litigation (including all costs thereof and attorney's fees) of every kind and character on account of personal injuries, death, bodily injury or damage to property, of the public, Sheldon ISD or the User herein, its or their guests, employees, supervisors, vendors and agents: (whether resulting from the performance of its obligations hereunder), or the quality or safety of the programs used and/or the equipment or property of the User herein, all of these without regard to fault, even if any indemnified or injured party is negligent in whole or part.

By signature on this agreement, leaser acknowledges and agrees that:

1. 1. Use of the facility requested will be restricted to individuals associated with their organization in order to maintain security.
2. 2. Use or possession of any weapon, alcohol or tobacco products on any Sheldon ISD property is prohibited.
3. 3. Use or possession or storage of any pesticide or herbicide on any Sheldon ISD property is prohibited. Possession or improper application of pesticides may result in forfeiture of current utilization and future use of school facilities.
4. 4. No food or drink is allowed in any SISD gymnasiums.

I (signature) understand the Hold Harmless Agreement		Date	
Principal signature / Administrator	Date	Booking and Scheduling Coordinator signature	Date
Classifications		Date insurance received	

Please return to: Sheldon ISD
Attention: Gloria Johnson
Norma Bautista
gloriajohnson@sheldonisd.com
normabautista@sheldonisd.com
11411 C.E. King Parkway
Houston, TX 77044
T: 281-727-3576
F: 281-459-7390

For internal use only

- ○ Approved _____
- ○ Denied _____
- ○ Confirmation _____
- ○ Invoiced _____

Revised: 11/6/19