

**Application and Agreement for Use of District Property**

***NOTE:** Please complete this form in duplicate and submit both copies to the Central Office designee for approval. If the application is approved, one (1) copy of the signed agreement will be returned to the using organization along with a contract prepared by the Board attorney. The contract shall be signed by the designated representative of the using organization and returned to the Central Office designee. If the application is not approved, both copies will be returned.*

|                                                                                              |                                               |                                              |                                  |
|----------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------|----------------------------------|
| Name of Sponsoring Organization/Activity _____                                               |                                               | Telephone _____                              |                                  |
| Representative's Name _____                                                                  |                                               |                                              |                                  |
| Address _____                                                                                |                                               |                                              |                                  |
| The above organization/individual requests the use of:                                       |                                               |                                              |                                  |
| <input type="checkbox"/> Auditorium                                                          | <input type="checkbox"/> Gymnasium            | <input type="checkbox"/> Dining Room/Kitchen | <input type="checkbox"/> Stadium |
| <input type="checkbox"/> Classrooms(s) _____                                                 | <input type="checkbox"/> Other, specify _____ |                                              |                                  |
| Is the organization planning to use District-owned equipment?                                |                                               | <input type="checkbox"/> Yes                 | <input type="checkbox"/> No      |
| If yes, specify equipment _____                                                              |                                               | Operator's Name _____                        |                                  |
| Is the organization planning to conduct sales on school premises?                            |                                               | <input type="checkbox"/> Yes                 | <input type="checkbox"/> No      |
| If yes, give a complete description of what is being sold and how the proceeds will be used. |                                               |                                              |                                  |
|                                                                                              |                                               |                                              |                                  |
| Building/School/Facility _____                                                               |                                               |                                              |                                  |
| Purpose _____                                                                                |                                               |                                              |                                  |
| Date(s) Requested _____                                                                      |                                               | Time(s) Requested _____                      |                                  |
| Will public be admitted?                                                                     | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No                  |                                  |
| Will advertisements(s) be used?                                                              | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No                  |                                  |
| Will admission be charged?                                                                   | <input type="checkbox"/> Yes                  | <input type="checkbox"/> No                  |                                  |

**When using school facilities, this organization agrees to observe the following:**

- 1. To schedule with the building Principal the time(s) District property is to be used.** It is understood that the Superintendent/designee may cancel the use of the room or building at any time such use interferes with regular school activities.
- 2. To be legally responsible for any and all damage to individuals and school equipment, building(s), grounds, or facilities, resulting from use by the organization.** To this end, the organization will procure sufficient liability insurance to indemnify the Board, school officers and employees for any injuries or property damage which might occur during the organization's use of the facilities. This insurance shall contain limits of \$1,000,000 for bodily injury and \$10,000 for property damage. A copy of the organization's insurance certificate shall be filed with the Board prior to the date the organization uses the building. The Board shall require the renting organization to assume all liability for injury to individuals by reason of the lease of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.
- 3. To provide appropriate equipment for the use of District property.** When gymnasiums are used, the organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor.
- 4. To abide by the requirements of Board policies 05.3 and 05.31 (see attached).** Disregard of the rules and regulations governing the use of the school buildings, equipment and facilities shall result in the refusal of the Board to grant the offending organization further use.
- 5. To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.**

**Application and Agreement for Use of District Property**

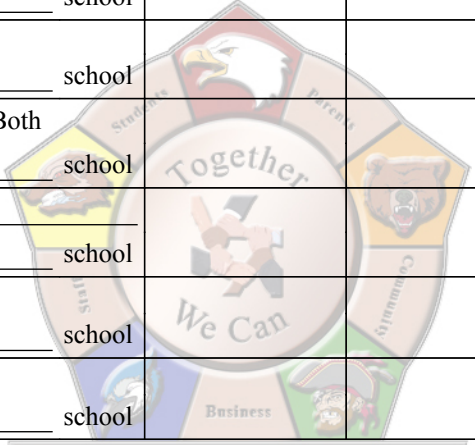
(Continued)

**Fee Schedule**

The organization agrees to pay the applicable fee(s) from the use of District facilities.

|                        | # of Employees Required | # of Hours | Hourly Rate<br>(Overtime at 1.5 times) | Total |
|------------------------|-------------------------|------------|----------------------------------------|-------|
| Custodians             |                         |            |                                        |       |
| Food Service Employees |                         |            |                                        |       |
| Supervisory Personnel  |                         |            |                                        |       |
| Other _____            |                         |            |                                        |       |
| TOTAL PERSONNEL CHARGE |                         |            |                                        |       |

| Property Used                                                                                                                    | Facility/<br>Equipment Fee | Personnel Cost,<br>if applicable | Insurance Cost,<br>if applicable | Total Cost for<br>Facility Use |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------|----------------------------------|--------------------------------|
| Gymnasium<br>at _____ school                                                                                                     |                            |                                  |                                  |                                |
| Auditorium<br>at _____ school                                                                                                    |                            |                                  |                                  |                                |
| Cafeteria <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both<br>at _____ school |                            |                                  |                                  |                                |
| Classroom(s) Number _____<br>at _____ school                                                                                     |                            |                                  |                                  |                                |
| Stadium<br>at _____ school                                                                                                       |                            |                                  |                                  |                                |
| Other Property<br>at _____ school                                                                                                |                            |                                  |                                  |                                |


  
 Leslie County Schools
\_\_\_\_\_  
*Signature - Representative of User Group*\_\_\_\_\_  
*Date*\_\_\_\_\_  
*Signature - Superintendent / Designee*\_\_\_\_\_  
*Date*

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(s) WILL BE MADE.

**For Office Use Only - To be completed by School Official**

|                                         |                                                                                 |                     |
|-----------------------------------------|---------------------------------------------------------------------------------|---------------------|
| Cost for use of District Property _____ | Cost for school employee _____                                                  | Total Cost _____    |
| Deposit _____                           | Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No |                     |
| Date Deposit Received _____             | Balance Due _____                                                               |                     |
| Board employee(s) assigned: _____       |                                                                                 |                     |
| Board Action Date, if applicable _____  |                                                                                 |                     |
|                                         |                                                                                 | Board Order # _____ |