POTH INDEPENDENT SCHOOL DISTRICT Application for Use of District Facilities

Print All Information. Organization name: Adult Responsible: Email: Phone: (Home/Cell/Work) Alt Phone: (Home/Cell/Work) Purpose of Rental: School/Building requested: Area(s) requested: Start Date: _____ End Date: ____ Usage Days: M T W TH F Sat Sun (For repeated events, provide additional schedule via attachment or email) Hours of Use: Arrival/unlock time (include set-up time): _____am/pm Departure/lock time (include cleanup/breakdown): _____am/pm Actual Time of Event: _____ am/pm until _____ (If different from Arrival and Departure Times) Estimated Number Attending: _____ Participants residing in Poth ISD: _____ (Submit Roster for verification if requesting Group 2 fee schedule) Utilities needed (yes or no): A/C _____ Heat ____ Lights ____ Custodial Personnel Needed (yes or no): _____ If yes, number of hours requested: ____ (The district reserves the right to determine if custodial or district staff are needed at the event in which hourly rate fees may apply) Special equipment needed: Will admission fees be collected for this event? (Yes or No) _____ If yes, how much per entry: _____ Use of event proceeds: Additional Information: FOR COMPLETION BY DISTRICT Custodian/Staff Needed: (yes or no) Number of Hours: _____ Access Controls: Keys: ______ Badges: _____

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POTH INDEPENDENT SCHOOL DISTRICT Insurance Requirements for Facility Use

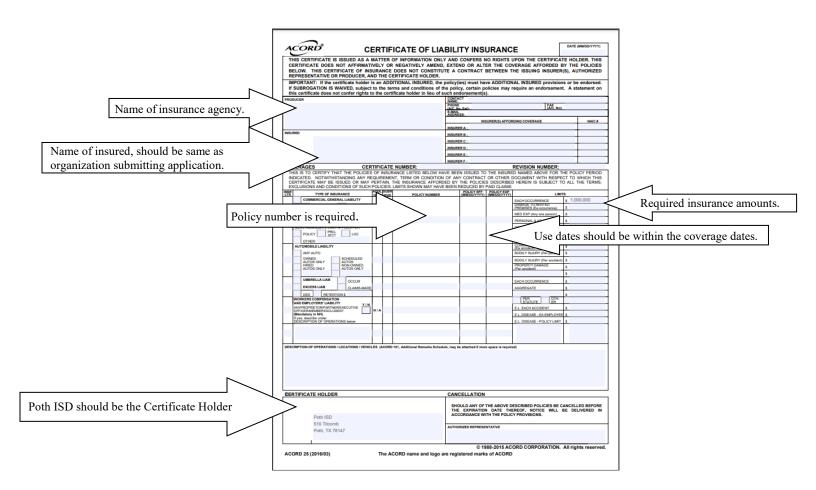
A certificate of insurance is required providing evidence of the following minimum coverage for the use of a Poth ISD facility. <u>Endorsements must be included for the Additional Insured and the Waiver of Subrogation.</u>

Comprehensive General Liability: (Endorsement must name Poth ISD as additional insured)

\$ 1,000,000 Per Occurrence \$ 2,000,000 General Aggregate

All policies must be endorsed to waive subrogation against Poth ISD and to provide thirty (30) days written notice of cancellation or non-renewal to Poth ISD.

Use of a facility/property will not be granted or reserved until all insurance requirements are met and the Administration Office receives a certificate of insurance.



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POTH INDEPENDENT SCHOOL DISTRICT

I certify that I have been duly authorized by the organization to act on its behalf in making the application for use of facilities. I also certify that I have read the above rules and regulations, conditions and terms of this application; and that I and the organization which I represent will abide by them and all other rules and regulations which are communicated to us by the authorized agents of Poth ISD. I agree that the organization will be financially responsible for any damage or loss sustained by the District through the organization's use of District facilities. Damage or loss will be reported to the Administration Office.

Signature of Applicant Representative	Printed Name	Date
Address for Billing	City, State, Zip	

POTH INDEPENDENT SCHOOL DISTRICT Hold Harmless & Indemnity AGREEMENT

The undersigned,(Printed name of authorized designee of organization)	, agrees to hold harmless and indemnify
(Printed name of authorized designee of organization)	
Poth ISD, its Board members, officials and their respective demands or actions which may hereafter at any time be ma members, officials and/or any of their respective employees or facility by	ade or instituted against Poth ISD, its Board
or facility by (Printed name of organization)	
The undersigned,	, hereby releases and forever discharges
Poth ISD, its Board members and any respective employees and all claims, demand, damages, actions, causes of action, any losses incurred during the use of a Poth ISD property such property or facility by	suits, judgments, or executions by reason of or facility which may arise out of the use of
It is further stipulated and agreed that the laws of the state this instrument.	
ACKNOWLEDGED AND AGREED:	
Authorized Signature	
Organization Name	
Date	