

**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 T H F Sat Sun  
(For repeated events, provide additional schedule via attachment or email) (Circle Day(s))

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 \_\_\_\_\_ am/pm  
(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**

Approval: \_\_\_\_\_

Custodian/Staff Needed: (yes or no) \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Access Controls: Keys: \_\_\_\_\_ Badges: \_\_\_\_\_

# 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. Endorsements must be included for the Additional Insured and the Waiver of Subrogation.

**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.**

Name of insurance agency.

Name of insured, should be same as organization submitting application.

Policy number is required.

Required insurance amounts.

Use dates should be within the coverage dates.

Poth ISD should be the Certificate Holder

**ACORD**  
**CERTIFICATE OF LIABILITY INSURANCE**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: \_\_\_\_\_ CONTACT: \_\_\_\_\_ DATE (MM/DD/YYYY): \_\_\_\_\_  
FAC. No. Exp: \_\_\_\_\_ FAX No: \_\_\_\_\_  
LOC. No: \_\_\_\_\_

INSURED: \_\_\_\_\_ INSURER(S) AFFORDING COVERAGE: \_\_\_\_\_ NAIC #: \_\_\_\_\_  
INSURER A: \_\_\_\_\_  
INSURER B: \_\_\_\_\_  
INSURER C: \_\_\_\_\_  
INSURER D: \_\_\_\_\_  
INSURER E: \_\_\_\_\_  
INSURER F: \_\_\_\_\_

CERTIFICATE NUMBER: \_\_\_\_\_ REVISION NUMBER: \_\_\_\_\_

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	PERIOD (MM/DD/YYYY)	LIMITS
COMMERCIAL GENERAL LIABILITY			EACH OCCURRENCE: \$ 1,000,000 AGGREGATE: \$ 2,000,000
UTILITY LIABILITY			
PRODUCT LIABILITY			
COMPLETION DEFECT LIABILITY			
CONTRACTORS POLLUTION LIABILITY			
EXCESS LIAB			
UMBRELLA LIAB			
WORKERS COMPENSATION AND EMPLOYERS LIABILITY			
ADDITIONAL COVERAGE			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)			

CERTIFICATE HOLDER: Poth ISD, 510 Tibbitts, Poth, TX 78147

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

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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, \_\_\_\_\_, agrees to hold harmless and indemnify  
(Printed name of authorized designee of organization)

Poth ISD, its Board members, officials and their respective employees against any and all claims and demands or actions which may hereafter at any time be made or instituted against Poth ISD, its Board members, officials and/or any of their respective employees which may arise out of the use of any school or facility by \_\_\_\_\_.  
(Printed name of organization)

The undersigned, \_\_\_\_\_, hereby releases and forever discharges  
(Printed name of authorized designee of organization)

Poth ISD, its Board members and any respective employees who might be claimed to be liable for any and all claims, demand, damages, actions, causes of action, suits, judgments, or executions by reason of any losses incurred during the use of a Poth ISD property or facility which may arise out of the use of such property or facility by \_\_\_\_\_.  
(Printed name of organization)

It is further stipulated and agreed that the laws of the state of Texas shall control in the construction of this instrument.

**ACKNOWLEDGED AND AGREED:**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Date