

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: _____

OVER

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