

APPLICATION FOR USE Fox Service Center 849 Jeffco Blvd.

Today's Date: _____

Please read Facility Use Procedures, Rules and Regulations before completely filling out application.

1. Organization Name _____ Profit or Non -Profit Organization

Address: _____ Phone: _____

2. Use of the Service Center 849 Jeffco Blvd. Special set-up or equipment needed: _____

3. Is Wireless Log On Information needed? _____

4. Number of participants residing within the district? _____ Total participants: _____ Age range: _____

5. Dates requested: (Exact Schedule) _____

6. Purpose: _____

7. Rental Hours needed: Entry to Building: _____ AM/PM

Leaving Building: _____ AM/PM

Office Use:

Service Center Building _____ Hours @ _____ per hour =\$ _____

Custodian: _____ Hours @ _____ per hour =\$ _____

Other _____ Hours @ _____ per hour =\$ _____

TOTAL \$ _____

Make check payable to: **Fox School District Attn: Receptionist Barbarakan@foxc6.org 636-296-8000**
745 Jeffco Blvd.
Arnold, MO 63010

****Attach Proof of Insurance listing Fox School District with the above address as an additional certificate holder on the policy.***

Legal Responsibility:

The undersigned, as the authorized representative of the organization or individual(s) hereinafter referred to as "Indemnitor" to whom permission is granted to use the school premises herein mentioned for such organization or individual(s) agree(s) that they will indemnify and hold harmless the Fox C-6 School District from any loss, damage, costs, charges or expenses, whether to persons or property, to which the Fox C-6 School District may be put by reason of any action, neglect, omission, or default on the part of the Indemnitor or any person using the school grounds pursuant to authority granted to Indemnitor. In case any suit shall be brought against the Fox C-6 School District on account of any act, action, neglect or omission or default of the Indemnitor or any of its members, agents, employees, or permittees, the Indemnitor hereby covenants and agrees to assume the defense thereof and to pay any and all costs, charges, attorney's fees and other expenses and any and all judgments entered against the Fox C-6 School District. The Indemnitor agrees to release the Fox C-6 School District from any liability of any kind or nature in any right, cause of action, or claim of any kind or nature whatsoever which may hereafter accrue to the Indemnitor, its employees or its agents by virtue of the use of the school premises, except for rights or causes of action, claims or damages resulting solely from the negligent condition of the real estate premises of the Fox C-6 School District. The person whose signature appears below represents by his signature that he is authorized to execute this indemnification in behalf of the Indemnitor. Any pronoun used to describe the Indemnitor, whether it be masculine, feminine or neither, singular or plural, is considered appropriate and will be interpreted so as to fit the person(s) or organizations so modified.

Person responsible:

Signature: _____

Printed Name: _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Service Center Approval: _____
Chief Operating Officer

Office Use:

Book: O
Email/SVC Ctr O
Email: O
Website cal O

Please submit to: Receptionist * 745 Jeffco, Arnold, MO, 63010 * 636-296-8000 * Barbarakan@foxc6.org