WEST VALLEY CENTRAL SCHOOL DISTRICT
FACILITY USE REQUEST FORM

INSTRUCTIONS:

1) Review the attached District policies and regulations regarding community use of school facilities.
2) Completely fill out this form.
3) Submit the completed form to _____, Business Administrator, at least two weeks before the date of the activity.
4) After receiving confirmation that the activity may take place as scheduled, and prior to using the facility, submit payment of any relevant fee and/or proof of liability insurance listing the District as an additional insured to _____, Business Administrator.

PLEASE NOTE: The District reserves the right to require that the organization obtain liability insurance naming the District as an additional insured. Whether this requirement is imposed and the terms of the policy will be determined by the District in consultation with its attorneys.

NAME OF SPONSORING ORGANIZATION: _____

ADDRESS: _____

TYPE OF ORGANIZATION: _____ PHONE: _____
(civic, social, recreational, etc.)

ACTIVITY SUPERVISOR: _____ TITLE: _____

ADDRESS: _____ PHONE: _____

EMAIL ADDRESS: _____

NAME OF BUILDING/FACILITY REQUESTED: _____

Aud. [ ] Gym. [ ] Classroom [ ] Cafe. [ ] Locker Room [ ] Kitchen [ ] Athletic Fields [ ] Other _____

DATES: From _____ To _____ Days of the Week: M TU W TH F SA SU

HOURS: From _____(Need to be at facility within 30 mins. of requested start time) To_____

Estimated No. of Participants: _____

OTHER FACILITIES/EQUIPMENT REQUESTED:

Table(s) [ ] Chair(s) [ ] Lights [ ] Microphone [ ] Spotlight [ ] Projector [ ] Kitch. Equip. [ ] TV/DVD/VCR [ ]

Please specify the setup of the room(s) requested (arrangement and how many needed of changes, tables, etc…)

(Continued)

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FACILITY USE REQUEST FORM (Cont'd.)

FEE SCHEDULE:

Fees will be assessed, when applicable, to cover the costs associated with maintaining District facilities. Curricular and co-curricular programs of the District, as well as school related groups, are exempt from these fees.

Purpose for which facility will be used?_____

Will an admission or participation fee be charged? Yes____ Amount____ No____

APPLICANT SIGNATURE AND ACKNOWLEDGMENT

The applicant agrees that he or she has read the attached policies and regulations and will comply with the terms of the same, as well as any facility use agreement to which he or she, or his or her organization, is a party.

I agree to the following:

For <u>Outside Organization</u>, a Certificate of Insurance will be provided before activity takes place.

I/we as members of the _____ organization agree to release West Valley Central School from any and all liability incurred as the result of our using WVCS facilities. The district reserves the right to require that the organization obtain liability insurance by naming the district as an additional insurer.

- I/we agree to guarantee proper use and supervision of all school facilities and that no room or area that is listed above will be used by this organization. (Note: that sneakers or rubber soled shoes are proper for gym floors.)
- I/we agree to leave the school facilities in proper order.
- I/we agree to enforce the no smoking rule in school buildings, and to enforce the absolute prohibition on alcoholic beverages in school buildings or on school grounds.
- I/we agree that any violation of any of the above will be sufficient cause for the immediate cancellation of this request and will be adequate reason to void, for one full year from the date of the violation, any use of school buildings by this organization without any exception.

_____

Date Authorized Signature of Responsible Adult Making this Agreement

_____, Business Administrator of West Valley Central School District.

(Continued)

WEST VALLEY CENTRAL SCHOOL DISTRICT
FACILITY USE REQUEST FORM (Cont'd.)

OR

I agree to the following:

For Use by Individuals fill out the WAIVER:

RELEASE OF LIABILITY AND ASSUMPTION OF RISK
FOR USE OF DISTRICT FACILITIES

In consideration of the West Valley Central School District ("the District") permitting me to use the District's facilities located at 5359 School Street, West Valley, NY 14171.
I _____ ("the Releasor"), on behalf of myself, my heirs and assigns,
(Name)
and _____hereby voluntarily release the District, its employees,
(Name of Entity or Organization, if relevant)
Officers, directors, agents, representatives, coaches and volunteers from any and all claims and causes of action of any nature, included but not limited, to those based on negligence, arising from, or in any manner incident to such use of the District's facilities, and agree that I will not initiate any legal action in any forum against the District, its employees, officers, directors, agents, representatives, coaches and volunteers in connection with such use of the District's facilities.

I understand that by operation of this document, I agree to assume any and all risks and liabilities that may arise during and/or are associated with my use of the district's facilities.

If the District is made a party to any proceeding, action or arbitration, on any basis arising out of the Releasor's use of the district's facilities, including but not limited to breach of contract, negligence, strict liability, or tort, by any third party, then the Releasor will indemnity the hold and District harmless for all damages, costs, and expenses in connection with such proceeding, action, or arbitration, including attorney's fees, unless it shall be determined that the District was solely negligent or solely at fault.

By my signature below, I acknowledge that I have read, understand and agree to all the terms contained herein.

_____ _____
Print Name of Individual/Organization Signature
Using District facility

_____
Area of Use (walking halls, weight room, etc.)

DISTRICT APPROVAL

_____ _____
Name Signature

_____ _____
Title Date

Use of Facility Fee: _____