WISSAHICKON SCHOOL DISTRICT

TERMS AND CONDITIONS
FOR USE OF BUILDINGS AND FACILITIES

I. INSTRUCTIONS

A. COMPLETION OF APPLICATION

1. **If you have not already submitted an application, complete all application questions completely, including your contact information, address and email address. Be sure to include any special technology or custodial needs.**
2. **Sign the Application For Use of Buildings and Facilities and Terms and Conditions for Use of Buildings and Facilities (2 separate documents) and return both documents directly to the school you are requesting.**

B. RETURN OF CONTRACT

1. **Upon review by the Wissahickon School District, an email will be generated indicating approval or denial of your request.**

II. FEES AND CHARGES

1. **It is understood by the renting organization that actual charges shall be made in accordance with the expenses incurred and that the actual invoice may vary from any estimated invoice you may receive.**

2. **If a prepayment is required, an estimated invoice will be sent to you. This estimate must be paid at least three (3) days prior to the event.**

3. **If prepayment is not required, actual invoices will be sent after the event. Invoices are payable upon receipt.**

III. INSURANCE – Insurance is required by the Wissahickon School District. Your organization must have liability insurance with a minimum of $1,000,000 General Liability and Property Damage combined. A certificate of insurance from your insurance carrier must be received by the Business Office at the time your application is submitted. Certificate must include naming the District as an additional insured and also confirming the District will be provided with thirty (30) days advance written notice of the cancellation of the policy.

IV. HOLD HARMLESS CLAUSE

Applicant agrees to defend, indemnify and hold harmless the Wissahickon School District, its affiliates and subsidiaries, from all damages, claims and liabilities resulting either directly or indirectly from acts or omissions of the applicant, Wissahickon School District, its affiliates and/or subsidiaries and/or third parties, whether negligent or otherwise, including those resulting from the sole negligence of the applicant, which damage would not have resulted but for the relationship between the applicant and Wissahickon School District.

V. CERTIFICATION STATEMENT

BY THIS APPLICATION AND SIGNATURE THEREON, THE APPLICANT HEREBY CERTIFIES HE/SHE RECEIVED, READ THOROUGHLY, UNDERSTANDS, ACCEPTS THE PROVISION OF, AND AGREES TO ABIDE BY THE WISSAHICKON SCHOOL DISTRICT POLICY REGARDING USE OF SCHOOL BUILDINGS AND FACILITIES AND ALL THE PROVISIONS OF THIS APPLICATION INCLUDING THE ABOVE HOLD HARMLESS CLAUSE.

VI. CANCELLATION

THE WISSAHICKON SCHOOL DISTRICT RESERVES THE RIGHT TO CANCEL THIS AND ANY PREVIOUSLY APPROVED APPLICATION AT ANY TIME AND FOR ANY REASON.

AUTHORIZED SIGNATURE:_____ DATE:_____

ORGANIZATION NAME:_____ EVENT:_____

EMAIL ADDRESS:_____ PHONE:_____

WISSAHICKON SCHOOL DISTRICT
Ambler, PA 19002
APPLICATION FOR USE OF BUILDINGS AND FACILITIES

Name of Organization: _____

Address of Organization: _____

Type of Organization: ☐ **Non-profit** ☐ **Profit** **Current Insurance Certificate:** ☐ **Yes** ☐ **No**

School Desired: _____

AREA(S) DESIRED: (Please check)

_____Auditorium _____Classrooms _____Tennis Courts _____Gym – I ____ II_____

_____Audion _____Cafeteria _____Stadium (HS) _____All-Purpose Room

_____Library _____Kitchen _____Pool (HS) Deep ____ Shallow_____ _____Parking Lot

_____Athletic Field (state which field) _____

_____Other (Please specify) _____

Type of Function: _____

Date(s) of Function: _____ Times Requested: _____

Additional Information: Admission Charged? ☐ Yes ☐ No
Number Attending: Adults _____ Children _____

Inflatables? ☐ Yes ☐ No
If yes, a current COI is required prior to event.

Special Set-up: Podium ☐ Yes ☐ No | # of Tables _____ # of Chairs _____
Technology Needs: ☐ Yes ☐ No If yes, please list: _____
Audio/Visual Needs: ☐ Yes ☐ No If yes, please list: _____

NOTE: Additional charges for personnel, (custodial/other) and other expenses may be billed to recover costs as determined by the district.

Applicant's Signature: I have read and hereby accept and agree to the Hold Harmless Clause, Section IV and the Certification statement, Section V in Instruction/Terms and Conditions.

X _____ _____
Signature of Applicant Date

_____ ( ) _____ ( ) _____
Name of Applicant (please print) Phone No. (Cell) Phone No. (Home)

_____ _____
Street Address Email Address
(Application will not be processed without an email address.)

_____
City State Zip Code

Invoicing Information: _____
Email Address (Invoices are sent electronically.)

TO BE COMPLETED BY BUILDING ADMINISTRATOR

Application: Accepted Rejected (Circle One) Reason for Rejection: _____

_____ _____ _____
Signature of Administrator Date Schedule ID#

Rev51126BV