Elida Local Schools Facility Request Form

This application MUST be received at least 5 working days prior to the event. Send to: Kathleen Phipps 4380 Sunnydale Elida, OH 45807. Fax 419-338 6893 kathleen@elida.k12.oh.us 419-338-6816. Take a copy of this completed form to the event.

Organization Name:	**Phone:**
Contact First & Last Name:	**Email:**
Address:	

LOCATION (Elementary, Middle School, High School, Auditorium, Outdoor or Fieldhouse)	
List Location Here:	
Facility/Room:	**Equipment:**
Purpose of Event:	**Number Attending:**

Days, Dates & Year:		
Start Time:	**End Time:**	**Arrival Time for Set-Up:**

ASSUMPTION OF RISK The undersigned representative of the participants of the above group/organization acknowledges that Elida Local School District has no insurance coverage for those individuals using school facilities and/or equipment. The group/organization participants assume responsibility for all risk of damage or injury that may occur to the users of school facilities and/or equipment. The group/organization participants hereby release and discharge the Elida Local School District from all claims, demands, rights of causes of action, present or future, whether know, anticipated or unanticipated, and resulting from or arising out of, or incidental to, the use of Elida Local School District's facilities and/ or equipment.

Signature:	**Date:**

To Be Completed by Elida Schools

Group:	
Applicable Fees:	**Total Fees:**
Application Recommended?	**School Employee?**
Signature of Facility Coordinator	**DATE:**

CC: Facility Coordinator Applicant Principal Custodian