Reardan- Edwall School District

Permit for Use of School Facilities & Playfields

APPLICANT: ORGANIZATION/GROUP/TEAM INFO	FACILITY & USE INFO
Organization/team name: _____	Field or facility: _____
Person in charge: _____	Event or type of use: _____
Address: _____	Dates: _____
City/state/zip: _____	Times: _____
Phone: _____	Details: _____
Email: _____	Attach schedule, program, explanations or special conditions, etc.
Number of attendees: _____	Will you need doors set to be open? Yes No
Admission charge if applicable: _____	Specifics: _____

Activity/User Type

- ☐ Non- profit groups
- ☐ Commercial enterprises (includes profit making organizations and business- related enterprises)
- ☐ Private non-profit youth sports group
- ☐ School or child-related groups or other government agencies

Requested: (only those specifically requested are to be used)

***Please note we will not be providing equipment for use

***You will be responsible for clean-up, putting tables back how they were found and **Lock- up**

- ☐ Commons
- ☐ Kitchen (hired kitchen staff member onsite required)
- ☐ HS Gym
- ☐ Smith Gym
- ☐ 101st Innovation Center
- ☐ Elementary Conference Room
- ☐ Baseball Field
- ☐ Softball Field
- ☐ Football Field
- ☐ Track
- ☐ HS Practice Field
- ☐ Elementary Library
- ☐ Weight Room
- ☐ Wrestling Room

Other: Explanation or special conditions: _____

Insurance: Proof of insurance does not need to be submitted with permit, but is required before approval and use of the facility/playfield.

- ☐ Certificate of insurance for all use is with district (e.g., YMCA, AAU)
- ☐ Organization's certificate of insurance attached (e.g., Scouts, club sports, church groups)

The District does not maintain insurance that will respond to claims against the applicant arising out of the use of the facilities by the Applicant, its members, or those attending the event. The applying Group/Organization is required to be covered by comprehensive general liability insurance. The applicant is responsible for obtaining said insurance and, at the time this application is presented, must also present satisfactory proof that such a policy is or will be issued to cover the proposed use if this request is approved. The application will not be approved until satisfactory evidence of insurance naming Reardan- Edwall School District as additional insured is presented.

***Hold Harmless Agreement

The undersigned agrees and acknowledges that the use of the facilities of Reardan- Edwall School District (RESD) is without representation or warranties by the school district, its employees and agents, as to the condition of the property. The undersigned agrees to hold harmless, indemnify and defend for any and all claims, costs, damages including but not limited to damage to the property and/or injury to persons allowed or reasonably anticipated to be on the premises by the undersigned. The undersigned specifically waives any and all rights, remedies, or causes of action against RESD, its employees and agents, from any and all claims arising out of the use of the premises and agrees to reimburse the school district for any and all judgements, costs and expenses, including attorney's fees, incurred by the school district in the defense of any such action.

The undersigned further agrees and warrants that should the respective organization or group use school district facilities, and serve or prepare any food or beverage, it shall comply with all applicable federal, state and local laws and regulations regarding the serving and preparation of such food or beverage.

Prior to first use of school facilities, all private nonprofit youth programs must provide a written statement of compliance with this policy in regard to concussion, head injury, and sudden cardiac arrest with proof of insurance as required by RCW 4.24.660

I agree that the above information is correct and the building facilities will be used according to the policies and procedures of RESD.

Authorized Signature: _____ **Title:** _____ **Date:** _____

Administration Signature: _____ **Title:** _____ **Date:** _____