Ichabod Crane Central School District, Valatie, NY 12184

CO-85

REQUEST FOR USE OF SCHOOL FACILITIES

Name of Organization: _____ Number of persons in group: _____

Name, address, and telephone number of person(s) responsible for this group:

_____

_____

School requested (check one):

High School _____
Elem/Middle School _____
Primary School _____

Room requested (check one):

Kitchen _____
Cafeteria _____
Library _____
Gymnasium _____
Auditorium _____
Athletic Field _____
Classroom(s) _____
Other Area _____

Additional Equipment Needed:

_____
_____
_____
_____

Activity to be held: _____

Please complete the following:

DAY	START DATE	STOP DATE	TIME START	TIME STOP
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				

I agree to the following terms and conditions:

1. I agree to comply with all district policies, procedures, rules and regulations pertaining to building/property use. (Complete rules are available in Central Office.)
2. Our organization assumes any and all risk while on school grounds, and, indemnifies and releases the school district, its Board of Education, its employee, officers, agents and assigns, from any and all liability whatsoever regardless of cause as an absolute term of this facilities use.
3. I have attached a certificate of liability insurance with Kinderhook Central School District as an additional named insured on my insurance policy.
4. I further guaranty that I have been duly and properly authorized by the Organization to bind the organization to this agreement.
5. **ALL FORMS SHOULD BE SUBMITTED TO MAINTENANCE ONE WEEK BEFORE REQUESTED USE OF FACILITIES.**

_____ _____

Signature of responsible person **Date** **Approved** **Date**

Copies: White – Principal *Yellow – Building Custodian* Pink – Maintenance Office *Goldenrod – Organization

amb 2-25-13