

Falls City School District 57

Code: **KG-AR(2)**
Revised/Reviewed: 9/24/12; 5/21/15

Facilities/Equipment Use Agreement

Please complete the following form according to your anticipated needs and return to the School District for approval 10 working days prior to the event.

The user (both individually, and collectively, if applicable) agrees to indemnify and hold the District harmless from all loss, liability, cost or damages that may occur or be claimed with respect to any person or property on, in, or about the used facilities or equipment resulting from any act or omission by the user, its group if applicable, and its agents, employees, or any other person using the facilities or equipment as a result of the user's use of the facilities or equipment. The user (both individually, and collectively, if applicable) agrees to indemnify and hold the District harmless from any and all claims for injury or property damage arising out of the use of the facilities or equipment by the user. User further agrees at all times to maintain the District's premises in a safe and careful manner, and properly secure all facilities pertinent to their use agreement.

Name of Responsible Person (print or type) _____

Group Name _____

Address of responsible person _____

Telephone number of responsible person _____

Description of Activity _____

Signature of responsible person

Date

Facility being requested

Gym only _____
(see requirements below)
Elementary Multi-purpose room _____

Elementary Cafeteria/Kitchen _____
High School Science Room _____

HS Weight room - Please complete Weight room usage form

Beginning Date Needed _____

Ending Date Needed _____

Time Needed From _____ To _____

Equipment Needs None Yes

If yes, what _____

Security Card Issued None Yes If yes, date returned _____

THE SCHOOL BOARD AND OR SUPERINTENDENT MAY REVIEW FACILITY USE AND IF PROBLEMS OR CONTROVERSIES ARISE FUTURE USE MAY BE DENIED.

Approval: Granted Denied

Signature _____

User Fee: If applicable

Refundable Cleaning Fee \$50: (Fee waivers may be granted to those groups using district facilities where the administration determines there is an educational interest or a benefit to children and or students. Groups wishing to obtain a fee waiver should indicate this on the facility use applications.)

Fee waiver request: None Yes Waiver Approved: None Yes

School District Use Only:

Athletic Facility Availability? None Yes AD Signature _____

High School Facility Availability? None Yes HS Signature _____

Grade School Facility Availability? None Yes ES Signature _____

Facilities Manager Notification? None Yes Signature _____

School District Employee Report:

Responsible adult was present at all times? None Yes

Group size at 10 people or below. If not, how many? _____ None Yes

Conduct of persons on school property was appropriate? None Yes

If not, describe _____

Individual/group was cooperative with school employee? None Yes

If not, describe _____

Children accompanying adults were supervised and followed school rules? None Yes

If not, describe _____

Group left facility by 10 pm? None Yes

Garbage was removed from premises? None Yes

Lights were turned off? None Yes

Restroom clean, toilets flushed? None Yes

Floor swept and mopped if needed? None Yes

Vandalism/damage? None Yes

If yes, describe _____

Elementary Kitchen Use Requirements

One representative from the group or organization will schedule a time with the head cook. This meeting will occur no later than 5 working days prior to the event to review and go over the necessary responsibilities for maintaining the integrity of the kitchen in order to meet the Polk County Health standards. If the kitchen is not left in proper order a cleaning deposit will be required; if a third incident occurs the group will be responsible for covering the cost of having a kitchen employee present during their event for supervision purposes only.

Signature

Date