

**Milton-Freewater  
School District 7**

Code: **KGE-AR**  
Adopted:

**Facility Use Request**

**Milton-Freewater Unified School District #7  
138 S Main, Milton-Freewater, Oregon 97862**

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Submit this completed form to the school office no later than three days prior to desired facility use. Date: \_\_\_\_\_

The (Organization) \_\_\_\_\_ requests the use of the

(Building and/or Space) \_\_\_\_\_

(Day) \_\_\_\_\_ (Date) \_\_\_\_\_ from (Time) \_\_\_\_\_ to \_\_\_\_\_

Starting \_\_\_\_\_ Ending \_\_\_\_\_  
(day/month/year) (day/month/year)

Describe event: \_\_\_\_\_

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1. It is agreed that the party or parties using the school facilities will exercise every care in protecting school property and, in the event damage results from improper supervision, a fair adjustment will be made.
  2. All authorized use of school grounds or facilities require the user to leave the grounds or facilities in a condition equal to or better than when authorized for use.
  3. School grounds/facilities will be adequately policed during the authorized activity and extreme care will be exercised to prevent any damage to school property and buildings, at the user's expense.
  4. All litter, glass, etc., resulting from authorized usage will be removed at the user's expense immediately following the activity.
  5. Any violation or wanton disregard of district policy will result in automatic forfeiture of future use requests.
  6. The using agency and/or individual must show proof of liability insurance for the requested activity.
  7. The using agency and/or individual must comply with specific requirements outlined in writing by the building administrator.
  8. The using agency may be billed the hourly wages/stipend and associated payroll costs for any district personnel required to work the activity (i.e. food service personnel or custodial staff).
  9. Be it further understood that the Milton-Freewater Unified School District assumes absolutely no financial responsibility for any injury or accident, lawsuit, etc., that may occur during the user's tenure of grounds or facilities.
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Organization Representative: \_\_\_\_\_  
Print Name Signature

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Special Equipment Needed: \_\_\_\_\_

**Estimated costs, if any:**

**Authorized:** \_\_\_\_\_  
Building Principal

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Must have Board approval for commercial use.**

**Date approved:** \_\_\_\_\_