

## **Use of School Facilities**

## Sedalia School District 200

## **Please Print**

Today's Date	Contact Telephone					
-		ntact E-mail				
Organization M	Making Request			•		
Individual Resp	ponsible					
	Delle A I I					
Billing Address:						
Name of Event (Purpose of Event)			, ,		ı	1
Date(s) Reques	ited		Time From:		Time To:	
Alternative Date(s)			Rental Fee (custodial overtime when applicable)			
Facility Requested			Specific area at facility to be used			
Number of People Expected			Admission Price to be charged (if any)			
Please list equipment needed, or any additional						
information, w						
serve your need	ds.					
Please list representative(s) from organization						
who will be present and responsible serving in						
a supervisory c	apacity.					
It is understood that the representative of the organization signing below has the authority from the organization to commit the organization to this agreement. It is further understood and acknowledged that the group representative has been given a copy of the Sedalia School District #200's "Use of Facilities" policy and is familiar therewith. It is further understood that the organization shall have a sponsor who is responsible for the group and will provide adequate supervision while using the facility. Adequate supervision shall include, but not be limited to, matters of discipline, admission arrangements, ushering and care of the property. The activity shall be restricted to only that area of the school facility approved through this request form and the organization shall be responsible for any school property damaged or destroyed while under the organization's supervision. The organization shall have access to the building or facility only for the time approved by the administration subsequent to the request form. Notwithstanding any other agreements, the organization agrees to defend, hold harmless and indemnify Sedalia School District #200, its administration, employees and directors against any legal liability in respect to bodily injury, death, or property damage arising from negligence of organization filing this request during its use of the property belonging to said Sedalia School District #200.  Certificate of Liability Insurance attached Yes (The certificate will name the District as an additional insured)  Date						
Signature of A			<u></u>	e		
Signature of A	pplicant					
Signature of A	pplicant	₹ OFFICI	Dat  E USE ONLY			
Signature of Ap	pplicant	R OFFICI		Y	Calendar	
Date Received	pplicant	R OFFICI	E USE ONLY	Y n District (		