

**905.1E1 - Community Use of School Facilities and Equipment Request Form**

Facility/Equipment Requested: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Alternate Date: \_\_\_\_\_

Set Up Time: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Group Title: \_\_\_\_\_ Purpose of Activity: \_\_\_\_\_

Admission charged? Yes No Amount \_\_\_\_\_ For Profit? \_\_\_\_\_

Contact Person: \_\_\_\_\_ No. people expected \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Business) \_\_\_\_\_ (Home) \_\_\_\_\_

Email Address: \_\_\_\_\_

CUSTODIAL SERVICES NEEDED: To Open \_\_\_\_\_ To Close \_\_\_\_\_ During use \_\_\_\_\_

**EQUIPMENT NEEDED:**

- |                      |                      |                        |
|----------------------|----------------------|------------------------|
| _____ Bleachers      | _____ Lunch Tables   | _____ Volleyball nets  |
| _____ Chairs         | _____ Writing Tables | _____ Basketball hoops |
| _____ Dressing Rooms | _____ Shower Rooms   | _____ Media Equip:     |
| _____ Microphones    | _____ Podium         |                        |
| _____ Stage Lights   |                      |                        |

Other Notes:

AGREEMENTS:

The undersigned, hereafter referred to as "entity," agrees to the following:

AGREES TO OBSERVE THE TOBACCO/NICOTINE FREE AREAS AND NOT BRING ALCOHOLIC BEVERAGES OR ILLEGAL SUBSTANCES ON THE PREMISES.

AGREES TO PAY FOR ANY DAMAGES OCCURRING TO SCHOOL PROPERTY DUE TO YOUR USE OF THE FACILITIES.

AGREES TO NOT ALTER THE FACILITY IN ANY MANNER WITHOUT FIRST SECURING PERMISSION OF THE BUILDING PRINCIPAL OR HIS/HER DESIGNEE; AGREES TO ABIDE BY ALL TERMS AND CONDITIONS PERTAINING TO THE USE OF SCHOOL FACILITIES.

AGREES TO PROVIDE THE DISTRICT WITH A VALID CERTIFICATE OF INSURANCE NAMING THE RED OAK COMMUNITY SCHOOL DISTRICT AS AN ADDITIONAL INSURED WITH A MINIMUM OF \$100,000 OF GENERAL LIABILITY. (YOUR CERTIFICATE MUST BE SUBMITTED WITH THIS FORM SO THAT YOUR REQUEST CAN BE CONSIDERED FOR APPROVAL.)

AGREES TO HOLD THE DISTRICT HARMLESS AND INDEMNIFY THE DISTRICT AS OUTLINED IN ITS SIGNED INDEMNITY AND LIABILITY INSURANCE AGREEMENT.

SIGNED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ACTING ON BEHALF OF THE FOLLOWING ORGANIZATION: \_\_\_\_\_

PLEASE SUBMIT THIS FORM TO THE RED OAK COMMUNITY SCHOOL DISTRICT, ADMINISTRATIVE CENTER, 604 S. BROADWAY ST, RED OAK, IA 51566. PHONE: (712) 623-6600; FAX: (712) 623-6603