

ASHFORD SCHOOL

SIDE A

COMMUNITY USE OF SCHOOL FACILITIES OR PROPERTIES
(Non-Profit Organizations)

APPLICANT'S NAME: \_\_\_\_\_ TEL. \_\_\_\_\_

ADDRESS \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

Specific AREA and/or PROPERTY Requested: \_\_\_\_\_

PURPOSE OF USE: \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_ DAY(S) OF WEEK: \_\_\_\_\_

ACTUAL TIME: IN \_\_\_\_\_ OUT \_\_\_\_\_ NUMBER TO PARTICIPATE: \_\_\_\_\_

OPEN TO PUBLIC?: \_\_\_\_\_ WHAT WILL YOU CHARGE?: \_\_\_\_\_

EQUIPMENT NEEDED: \_\_\_\_\_

PERSON TO CONTACT AT ACTIVITY: \_\_\_\_\_

Conditions for Use

- 1. The applicant and/or his insurance assumes financial responsibility for any damage to school property known to be caused through this use.
2. Only the facilities or properties specifically listed in this permit may be used, and the responsible representative will see to it that areas not included under this permit remain off limits.
3. The custodian is responsible for the regulation of heat, ventilation, lights and the operation of all facility equipment.
4. This permit is effective only for the date(s) and hours specified. If it is a long term request, it will expire on the 30th day of June.
5. Please submit this form to the principal and await written approval from the Superintendent prior to making any arrangements.
6. Any help you can give the custodial staff in replacing furniture or "picking up" the area will be appreciated.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(DO NOT WRITE BELOW THIS LINE)
For School Use Only

Restrictions (if any) : \_\_\_\_\_

Principal/Assistant Principal's Signature Approved \_\_\_\_\_ Denied \_\_\_\_\_
Date: \_\_\_\_\_

Superintendent's Signature Approved \_\_\_\_\_ Denied \_\_\_\_\_
Date: \_\_\_\_\_

FILE NOTES

Signed original to Superintendent's file
Signed photocopy to Principal's file

Signed photocopy mailed to applicant
Signed photocopy to the Custodian assigned

COMMUNITY USE OF SCHOOL FACILITIES OR PROPERTIES

THE ADMINISTRATION IS RESPONSIBLE FOR THE USE OF ALL SCHOOL FACILITIES. IN ORDER THAT THEY MAY CONSIDER YOUR REQUEST FOR USE OF SCHOOL FACILITIES, KINDLY COMPLETE THE FOLLOWING FORM.

GROUPS NOT COVERED UNDER THE TOWN OF ASHFORD INSURANCE:

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Agent \_\_\_\_\_

Limits of liability \_\_\_\_\_ Bodily injury \_\_\_\_\_ Property Damage \_\_\_\_\_

When applicable, please attach copy of certificate of insurance naming the ASHFORD Board of Education as an additional insured on policy. \$1,000,000 liability limit is the minimum requirement.

REGULATIONS:

- 1. NO SMOKING is permitted. Tobacco products, illegal drugs and alcohol are not permitted.
2. Food or drinks are not permitted in the gymnasium.
3. Appropriate crowd and traffic control if more than 150 people participate.
4. Youngsters are not to be left unattended (inside or out) at any time even if parents are late in picking up their children.
5. The person in charge must wait for a custodian to lock the building and until the last youngster has left.
6. People are to remain in the designated area.

This is to certify that I have read these regulations with reference to building use. By my signature below, our organization agrees to abide by the terms of this policy. We agree to provide sufficient adult supervision and to leave school property in good condition. It is further agreed that this organization will be financially responsible for any damage to school facilities arising out of this use.

We also agree that our organization will at all times hereafter indemnify the school against any loss, damage or expense of any kind which said school may sustain or incur because of use of the above described building and grounds by our organization and will further hold said school harmless of loss of any kind in connection therewith. I further understand that the Ashford Board of Education does not provide insurance for program participants.

Applicant's Signature Organization Date