

**FORT ANN CENTRAL SCHOOL DISTRICT
FACILITIES USE FORM**

2500 E.1

Date Submitted:

Name of Sponsoring Organization:

Date(s) of Event Requested:

Hours Requested:

Specific Location/Room(s)/Area(s)/Equipment Requested:

Activity/Purpose:

Number of Participants: (**Approximately**)

Person in Charge:

Address and Phone Number:

Contact Person if Different than Above:

Address and Phone Number:

Insurance Carrier Name:

Address and Phone Number:

A copy of insurance in accordance with District Regulations must be provided.

Adults Providing Supervision:

Will additional custodial coverage be required? Yes ____ No ____

Name of Performing Artist/DJ

Admission Fee Student ____ Adult ____

I have read the District policies and regulations regarding facilities use and agree to abide by all terms and conditions including accepting responsibility for any and all damages which may occur as a result of my use.

I, on behalf of the organization requesting use of the facilities, and as a duly authorized representative of the user, hereby agree to indemnify and save harmless the District from and against any and all liability, loss or damage from claims, demands, payments, suits, actions, recoveries and judgments of every nature and description brought or recovered against the District, including reasonable attorneys' fees by reason of any act or conduct including negligence, omission, tortuous act, willful misconduct or otherwise of the user or anyone associated with user.

Signature on behalf of requesting organization: _____ Date: _____

Signature of Superintendent: _____ Date: _____

THIS FACILITIES REQUEST MUST BE APPROVED BY THE SUPERINTENDENT OF FORT ANN CENTRAL SCHOOL PRIOR TO ANY EVENT BEING HELD.

- Attached: Policy 2500 - Use of Facilities
Regulations 2500 -Use of Facilities
Policy 2520 – Code of Conduct
Policy 6000 – Alcohol, Tobacco, Drugs and Other Substance
Policy 2530 – Smoking on School Premises.