

## School District of New Glarus District Facility Use Request Form

### Group/Organization Information

Name of Group/Organization:

Contact Person:

Phone:

E-mail:

Address:

City:

State:

ZIP Code:

Event Supervisor:

Phone:

E-mail:

E-mail Address(es):

### Activity/Building Information

Date(s) Requested:

Time Frame:

Building Preference:  Elementary  Middle  High

Number Attending:

Room/Area Requested:

Gym

Kitchen

Auditorium/Commons

Cafeteria

Locker Rooms

IMC

*(Please Circle Selection(s))*

Classroom(s)

Computer Lab

Other: \_\_\_\_\_

**IMPORTANT: PLEASE NOTE THAT EXTERIOR DOORS ARE NOT TO BE PROPPED OPEN AT ANY TIME DURING THE COURSE OF YOUR EVENT**

Setup Time:

Event Time:

Ending Time:

Activities Planned:

Would you like your event posted on the NGSD Website?  Yes  NoSpecial Equipment, Materials, and/or Setup Needed? (*Please note: equipment not requested may not be available*)Multi-Purpose Room (MPR) Needs:  Lighting  Sound  Seating#  #Tables Other: \_\_\_\_\_Custodial Needs (\$30/hr.):  None  Open/Close Only  Entire EventKitchen Supervision (\$30/hr.):  Yes  No  Undecided

### Use/Rental Agreement

In consideration for the use of school facilities, our organization agrees to hold harmless, release and discharge the New Glarus School District and its officers, employees and agents from all claims, demands, actions, and judgments against the District for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or arising out of the use of school facilities by our organization or participants at our organizational functions. In addition, we agree to clean the facilities, be responsible for damage done to the facilities and provide appropriate security measures to protect the facilities.

A certificate of insurance of at least \$500,000.00 single limit liability plus \$5,000.00 per person medical pay must accompany this request. Certificate of insurance is desired first. If insurance is not available, individual waivers of liability holding the School District of New Glarus harmless may be signed.

Printed Name:

Date:

Signature:

### Approval

Approval By Building Principal:

Date Approved:

### Key Card Control

I accept responsibility for the key I am receiving. I agree to follow all of the facility use policies and procedures of the New Glarus School District. If a lost or stolen key requires the replacement of any cores, I realize I am responsible for paying a cost of \$10.00 per core not to exceed a total of \$100.00.

Printed Name:

Date:

Signature:

Key Number:

Date Key Issued:

Deposit Received:  Yes  No

Key Issued and Deposit Received By:

Date Key Returned:

Signature of Building Principal:

Deposit Returned:  Yes  No

If no, reason:

Signature of Person Receiving Key Deposit:

Certificate of Insurance or Waiver Received:  COI  Waiver

Received By: