

APPLICATION FOR USE OF FACILITIES

E mail _____ Date of Application _____, 20____

Name of Organization _____

Applicant's Name _____ Telephone No. _____

Address of Applicant _____

Building Requested _____

Part of Building to be Used _____

State Specific Purpose _____

Date(s) Desired _____ Time: From _____ AM/PM To _____ AM/PM

Member (is _____ is not _____) Limited to Conrad Weiser Residents

Admission Fee, (if any) \$ _____ Number Expected to Attend _____

Check (✓) Equipment Needed (Note: Additional charge may be required)

Sound System _____ Stage Lighting _____ Projector (overhead) _____

Scoreboard _____ Kitchen _____ Other (including Tech. Equip.) _____

By signing this application the person whose signature appears below signifies that he or she is responsible for the group, will see that buildings are not misused, that groups have proper adult supervision, and that the building and grounds are used in conformity with the rules and regulations of the Board of School Directors. It is hereby also understood that school activities have priority for the use of the building. This applies even for any school activity that must be rescheduled.

RELEASE: In consideration of being permitted to use certain portions of the premises and certain equipment of the Conrad Weiser School District, I do hereby release, indemnify, and forever discharge the Conrad Weiser School District, and each of its officers, school board members, and employees, from any and all liability in any manner relating to the activities in which I have been permitted to engage on the premises of the Conrad Weiser School District or in any manner relating to the conditions of the said premises. I have read and fully understand the foregoing language, and I intend to be legally bound by release.

I agree to provide the district with a valid certificate of liability insurance

Signature of Person Responsible _____

Address _____ Telephone No. () _____

----- **DO NOT WRITE BELOW THIS LINE - DISTRICT USE ONLY** -----

Comments of Building Principals: _____

Application Approved: _____ **Denied:** _____

Charge for Building _____

Charge for Custodians _____

Other Charges _____

Property Damage, If any _____

Total Cost: _____

Signature of Principal _____ Date _____ Group Class _____

Signature - Office of Superintendent _____