

**SLIPPERY ROCK AREA SCHOOL DISTRICT**

**REQUEST TO USE SCHOOL FACALITIES**

Group/Organization Making Request: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Group/Organization Category (circle correct class): A B C D E

Building Requested: \_\_\_\_\_ Facilities Requested: \_\_\_\_\_

Specific Purpose of Request: \_\_\_\_\_

\_\_\_\_\_ Expected Attendance: \_\_\_\_\_

What school equipment will be utilized? \_\_\_\_\_

Date(s) Facilities Requested (all dates and time must be listed individually, attach an additional sheet if necessary):

Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

List On-Site Person(s) who will be responsible for conducting activity (attach an additional sheet if necessary):

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please answer the following questions by circling "Yes" or "No."**

Will the services of custodians be required beyond regular working hours? **Yes No**

Does the request involve the preparation or serving of a meal using a school district kitchen? **Yes No**

Will the services of a school district contracted security officer(s) be required? **Yes No**

Is your group/organization required to file a "Certificate of Insurance" with the school district?  
(If required, please have your insurance carrier submit it directly to the Business Manager) **Yes No**

Is you group/organization required to pay any building usage fees? **Yes No**

I have read and fully understand Slippery Rock Area School District Policy No. 707 entitle "Use of School Facilities" and accept responsibility for meeting the requirements stated therein. I also certify that the attached "Indemnity Agreement" was executed by an officer of our group/organization and shall remain in effect to the end of the fiscal year, June 30.

THE UNDERSIGNED HAS READ THIS RELEASE AND UNDERSTANDS ALL OF ITS TERMS. I HAVE SIGNED IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE AND INTEND TO BE LEGALLY BOUND.

NAME OF GROUP/ORGANIZATION: \_\_\_\_\_

PRINTED NAME OF REQUESTOR: \_\_\_\_\_

POSITION IN GROUP/ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TELEPHONE #: \_\_\_\_\_

WORK TELEPHONE #: \_\_\_\_\_

SIGNED NAME OF REQUESTOR: \_\_\_\_\_

DATE: \_\_\_\_\_

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**REVIEW BY BUILDING PRINCIPAL**

I have reviewed the building schedule and calendar, and this activity can be scheduled without conflicting with any school activity. **Yes No**

I have reviewed the security needs of this activity and recommend the following: \_\_\_\_\_

I certify that this "Request to Use School Facilities" complies with school district policy.

Building Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REVIEW BY CUSTODIAL SUPERVISOR** (Only required if custodian will be required beyond regular work hours.)

Number of Custodians Required: \_\_\_\_\_ Approximate Cost per Activity: \_\_\_\_\_

Custodial Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REVIEW BY FOOD SERVICE DIRECTOR** (Only required if a school kitchen is to be used to prepare or serve a meal.)

Number of Food Service Employees Required: \_\_\_\_\_ Approximate Cost per Activity: \_\_\_\_\_

Food Service Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REVIEW BY SECURITY CONTRACTOR** (Only required if security officer(s) are required.)

Number of Security Officer(s) Required: \_\_\_\_\_ Approximate Cost per Activity: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

**REVIEW BY BUSINESS MANAGER** (Only required if a fee will be charged and a Certificate of Insurance is needed.)

Fee per Activity: \_\_\_\_\_ Acceptable Certificate of Insurance Filed? **Yes No**

Business Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACCEPTANCE BY GROUP/ORGANIZATION**

I have fully reviewed and understand the terms and conditions listed above and hereby certify that they are acceptable.

Signed Name of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

**EVENT SCHEDULED**

I hereby certify that the above activity has been scheduled and approved in accordance with terms and conditions listed above.

Building Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FORM DISTRIBUTION**

- |                       |                      |  |
|-----------------------|----------------------|--|
| Organization/Group    | Custodial Supervisor | Head Building Custodian  |
| Food Service Director | Security Contractor  | Business Manager (Original Signed Form and Check, if required, |
| Building Office File  | Superintendent       | for Building Usage Fee)  |

**SLIPPERY ROCK AREA SCHOOL DISTRICT**

**INDEMNITY AGREEMENT**

The undersigned, \_\_\_\_\_, in consideration of the grant  
(Name of Group/Organization)  
of permission to use certain of the premises of the Slippery Rock Area School District, does hereby  
agree to indemnify and hold forever harmless the said Slippery Rock Area School District, its  
successors and assigns, against loss from any and all claims, demands, suits, actions in law or in equity  
that may hereafter at any time be made or brought against the said Slippery Rock Area School District  
arising out of or on account of any accident or injury to person or property sustained by any such  
person in consequence of the use of the premises of the said Slippery Rock Area School District  
pursuant to the grant of permission by said Slippery Rock Area School District to use such premises.

IN WITNESS WHEREOF, this Indemnity Agreement has been executed the

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Signature Above)

\_\_\_\_\_  
(Position in Group/Organization)

**SLIPPERY ROCK AREA SCHOOL DISTRICT**

**INDIVIDUAL INDEMNITY AGREEMENT**

The undersigned, \_\_\_\_\_, in consideration of the grant  
(Name of Individual)  
of permission to use certain of the premises of the Slippery Rock Area School District, does hereby  
agree to indemnify and hold forever harmless the said Slippery Rock Area School District, its  
successors and assigns, against loss from any and all claims, demands, suits, actions in law or in equity  
that may hereafter at any time be made or brought against the said Slippery Rock Area School District  
arising out of or on account of any accident or injury to person or property sustained by myself in  
consequence of the use of the premises of the said Slippery Rock Area School District pursuant to the  
grant of permission by said Slippery Rock Area School District to use such premises.

IN WITNESS WHEREOF, this Individual Indemnity Agreement has been executed the

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Signature Above)

Personal Health Insurance Information:

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_