

Permit for Use of School Facilities & Playfields

Organization or Team _____	Date _____
_____	School _____
Person in Charge _____	Field, Diamond or Facility _____
Address _____	Starting Date _____ Time _____
_____	Ending Date _____ Time _____
City _____ State _____ Zip _____	Week(s) of Event _____
Phone _____	Day(s) of Week _____
Email _____	Doors Open _____ A.M. _____ P.M.

<p>Activity Classification <i>from Board Policy #4260</i></p> <p><input type="checkbox"/> Class I Box No. _____ (1-24)</p> <p><input type="checkbox"/> Class II Box No. _____ (25-48)</p> <p><input type="checkbox"/> Class III</p> <p>Admission Charge _____</p> <p>Expected Attendance _____</p>	<p>Fee <i>from Administrative Procedure #4260AP</i></p> <p>Use Fee per Hour \$ _____</p> <p>Custodian: _____ hrs X \$ _____ hr = _____ Name _____</p> <p>Food Serv: _____ hrs X \$ _____ hr = _____ Name _____</p> <p>Other Staff _____ hrs X \$ _____ hr = _____ Name _____</p> <p>Estimate User Cost: \$ _____</p>	<p>Insurance</p> <p><input type="checkbox"/> Yes Certificate of Insurance for all use is with district. *1</p> <p><input type="checkbox"/> Yes Organization's Certificate of Insurance attached. **2</p> <p><input type="checkbox"/> Yes Individual/Parent Hold Harmless Agreement Signed. ***3</p>
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| <p>*1. YMCA/Soccer Association/AAU/County Parks/et cetera</p> <p>**2. Scouts, 4-H, SCOPE, Percussionauts, Club sports, Grange, Church groups, et cetera</p> <p>***3. Individuals who may not be insured with an insurance company</p> |
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Explanation and/or special conditions (*Users provide their own sanitary facilities*) _____

Hold Harmless Agreement

The undersigned agrees and acknowledges that the use of the facilities of Central Valley School District No. 356 is without representation or warranties by the school district, its employees and agents, as to the condition of the property. The undersigned agrees to take full responsibility for any and all damage to the property and/or injury to persons allowed or reasonably anticipated to be on the premises by the undersigned. The undersigned specifically waives any and all rights, remedies, or causes of action against Central Valley School District No. 356, its employees and agents, from any and all claims arising out of the use of the premises and agrees to reimburse the school district for any and all judgements, costs and expenses, including attorney's fees, incurred by the school district in the defense of any such action.

The undersigned further agrees and warrants that should the respective organization or group use school district facilities, and serve or prepare any food or beverage, it shall comply with all applicable federal, state and local laws and regulations regarding the serving and preparation of such food or beverage. The undersigned organization specifically agrees to contact the Spokane County Health District in order to ensure that all required regulations and requirements are met, including, but not limited to, any applicable food permit that is required to be obtained.

I agree that the above information is correct and the building facilities will be used according to the policies and procedures of the Central Valley School District. I further agree to reimburse the school district for actual user costs as described in the final billing.

_____, a private non-profit youth sports group, verifies all coaches, athletes and their parent/guardian have complied with mandated policies for the management of concussions and head injuries as prescribed by HB 1824, section 2.

Attached is a proof of insurance under an accident and liability policy issued by an insurance company authorized to do business in Washington State covering any injury or damage with at least \$1,000,000 due to bodily injury or death to one person and at least \$2,000,000 due to bodily injury or death to two or more persons.

Dated this _____ day of _____ 20_____

Note: Access to school facilities may not be granted until all requirements of this application are complete and approved by the school district and/or designee.

Name of Individual/Organization/Team _____	Person Authorized to Sign _____	Title _____
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