

APPLICATION FOR USE OF SCHOOL FACILITIES
Minden Public Schools

Name of Organization Making Request: _____ Date: _____

Contact Person: _____ Phone: _____ Email: _____

Type of Organization and Type of Activity or Event (Check one)

- ☐ Event or activity that is designed to service students of the District or which is related to any function of the District, including approved school-community associations and school-affiliated non-profit groups. *Describe:* _____
- ☐ Tax-supported agency such as educational entity or unit of city, county or state government. *Describe:* _____
- ☐ Nonprofit community agency such as a private educational agency. *Describe:* _____
- ☐ Group in which the majority of the members reside within the District. *Describe:* _____
- ☐ Other. *Describe:* _____

Facilities Requested. Building: _____ Areas: _____

Dates & Times Requested: No gym use until 6:30 M-TH and 5:30 FRI

Dates (From – To)	Time (From – To)	Repeating	# Wks.	Day(s)
_____	_____	Yes No	_____	
_____	_____	Yes No	_____	
_____	_____	Yes No	_____	

Details of Use (Attach an additional explanation if needed)

Describe the Type of Activity or Event: _____

No. of Anticipated Users and Spectators: _____ Concessions/Food Served: Yes No Describe: _____

Set Up or Tear Down Required by District: _____

Type of Cleaning Required During and Afterwards: _____

Special Equipment to be Used (District & Organization): _____

Fees (To Be Completed by Superintendent or Designee)

Type	Amount
Processing	_____
Access	_____
Custodial	_____
Kitchen	_____
Special Equipment	_____
Monitoring	_____
Security	_____
Total	_____

Advance Deposit	\$ _____
Date Deposit Due	_____

Applicant shall procure, at its own expense, a Comprehensive General Liability insurance policy naming the District as an additional insured. This policy shall be written with a minimum of \$1,000,000 Combined Single Limit per occurrence. A Certificate of Insurance evidencing coverage must be submitted prior to the Applicant's use.

Insurance requirement waived: Yes No (for school official to complete)

Policy Compliance and Acceptance of Liability

This application is subject to the terms of the Board's "Community Use of School Facilities" policy. The terms and conditions of that policy are incorporated into this application by this reference. Applicant accepts all such terms and conditions.

We have read, understand and agree to abide by the policies, rules and conditions on the use of these facilities on this form and in Board Policy. We understand that we are accepting the use of the facility from the Minden Public Schools with no assurances or guarantees relative to their condition. It shall be our responsibility to check the facility to see that it is safe for our intended use. We take full responsibility for the facilities while they are being used by our group and will make full restitution for any and all damages which may occur while our group is using the facility. We agree to indemnify and hold the school district harmless for any and all accidents and injuries to ourselves or others while we are using the facility regardless of the negligence of the school district or its personnel. We assume full responsibility and liability for any injuries.

Applicant's Name, Position _____

Signature _____

Date _____

MPS Activities Director _____

Signature _____

Date _____