

Smyrna School District Request for use of School Premises

Please complete this form, after consulting the desired school for availability, and return it to the Building Principal, Smyrna School District.

Date: _____ Name of School: _____ Date Needed: _____
 Additional Dates Needed: _____

Purpose of request: _____

Event Start Time: _____ Event End Time: _____

Area(s) requested (specify each area and time needed separately)

Area _____	Time: From _____	To: _____
Area _____	Time: From _____	To: _____
Area _____	Time: From _____	To: _____

Equipment needed: _____	Purpose: _____
_____	_____
_____	_____

Is the activity being conducted to generate a profit? Yes No

Will air conditioning be used? Yes No

Proof of insurance: (attach copy of proof of insurance)	Policy Number: _____
Company _____	
Address _____	

Amount of Coverage: _____ Dates of Coverage: _____

I acknowledge having reviewed board policy 1330 Use Control and Management of District Facilities and verify that all regulations of the Smyrna School District will be upheld during the period(s) covered in this agreement. I further agree to make full restitution for any damages to any property of the Smyrna School District in my care. In consideration for permitting the Organization to use the buildings, grounds and/or facilities of the District on dates requested, the undersigned duly authorized officer or representative of the Organization agrees, for and on behalf of the Organization, to release the District, the District Board of Education and their agents, employees and representatives (collectively referred to as "the District") from all claims arising from the Organization's use of the facilities. The Organization also agrees to defend, indemnify and hold harmless the District from all claims arising from the acts, omissions, and/or negligence of the Organization, and all invitees of the Organization, as well as all claims arising from the acts, omissions, and/or negligence of the District.

Signed: _____	Title: _____
Print Name: _____	
Organization: _____	Telephone Number: _____
Address: _____	

Building Principal's Approval: _____	Date: _____
Supvr. Maint. & Cust. Approval: _____	Date: _____
Food Service Supervisor Approval(if needed): _____	Date: _____
District Office Approval: _____	Date: _____

Returned: Date _____ Initial _____ Estimated Cost _____