## 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.

Additional Dares Needed:         Purpose of request:	Date:	Name of School:	Date Needed:
Event Start Time:			Additional Dates Needed:
Area(s) requested (specify each area and time needed separately)         Area	Purpose of reque	st:	_
Area       Time: From       To:         Area       Time: From       To:         Equipment needed:       Purpose:	Event Start Time	: Event End	Time:
Area       Time: From       To:         Area       Time: From       To:         Equipment needed:       Purpose:	Area(s) requested	l (specify each area and tin	e needed separately)
Area       Time: From       To:         Equipment needed:       Time: From       To:         Equipment needed:       Purpose:	Area		Time: From To:
Area	Area		Time: From To:
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 regulation the Smyrna School District will be upheld during the period(s) covered in this agreement. I further agree to make full restitution any damages to any property of the Smyrna School District in my care. In consideration for permitting the Organization to usa y damages to any property of the Smyrna School District in my care. In consideration for permitting the Organization to usa greuployees and representatives (collectively referred to as "the District") from all claims arising from the Organization agrees, for and on behalf of the Organization, to release the District from all claims arising from the omissions, and/or negligence of the Organization, and all invitees of the Organization, as well as all claims arising from the omissions, and/or negligence of the District.  Signed:	Area		Time: From To:
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:	Equipment neede		-
Will air conditioning be used?			
Proof of insurance:       (attach copy of proof of insurance)       Policy Number:	Is the activity bei	ng conducted to generate a	profit? $\square$ Yes $\square$ No
Company	Will air condition	ning be used? $\Box$ Yes	<u> </u>
Address		· · · ·	· · ·
Amount of Coverage:			
the Smyrna School District will be upheld during the period(s) covered in this agreement. I further agree to make full restitution any damages to any property of the Smyrna School District in my care. In consideration for permitting the Organization to use buildings, grounds and/or facilities of the District on dates requested, the undersigned duly authorized officer or representative o Organization agrees, for and on behalf of the Organization, to release the District, the District Board of Education and their ag employees and representatives (collectively referred to as "the District") from all claims arising from the Organization is use of facilities. The Organization also agrees to defend, indemnify and hold harmless the District from all claims arising from the omissions, and/or negligence of the Organization, and all invitees of the Organization, as well as all claims arising from the omissions, and/or negligence of the District.			
Print Name:	the Smyrna Scho any damages to a buildings, ground Organization agr employees and r facilities. The C omissions, and/o	bol District will be upheld any property of the Smyrn ds and/or facilities of the I ees, for and on behalf of epresentatives (collectively Organization also agrees to r negligence of the Organ	during the period(s) covered in this agreement. I further agree to make full restitution for a School District in my care. In consideration for permitting the Organization to use the district on dates requested, the undersigned duly authorized officer or representative of the he Organization, to release the District, the District Board of Education and their agents, referred to as "the District") from all claims arising from the Organization's use of the defend, indemnify and hold harmless the District from all claims arising from the acts,
Organization:       Telephone Number:         Address:       Telephone Number:         Building Principal's Approval:       Date:         Supvr. Maint. & Cust. Approval:       Date:         Food Service Supervisor Approval(if needed):       Date:         District Office Approval:       Date:	Signed:		Title:
Address:			
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Supvr. Maint. & Cust. Approval:       Date:         Food Service Supervisor Approval(if needed):       Date:         District Office Approval:       Date:			
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District Office Approval: Date:	Supvr. Maint. &	Cust. Approval:	Date:
	District Office A	pproval:	Date: Date: