

Approved: November 11, 2002
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830-Form

FACILITY USE AGREEMENT

Complete and submit at least 72 hours prior to the activity. Except in circumstances deemed beyond the control of those requesting to use facilities, all activities must be booked no less than 24 hours prior to their start, or by Thursday at 3:00 p.m. for Sunday events.

All information must be completed in full before your facility use will be confirmed. Please notify the school district a minimum of three working days in advance if you wish to cancel or change arrangements. Payment must accompany this form: checks should be made out to the Evansville Community School District. Mail or bring this form to the District office.

Group/Organization Information

Name of Group/Organization: _____

*Contact Person: _____ Home Phone: _____
Work Phone: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

*Event Supervisor: _____ Home Phone: _____
Work Phone: _____ Ext.: _____ E-mail Address: _____

Activity/Building Information

Date(s) Requested: _____ Hours of Use: _____
(For multiple requests, attach additional information including items below.)

Building Preference: _____ Room/Area Requested: _____

Setup Time: _____ Event Time: _____ Number Anticipated: _____

Activity(s) Planned: _____

Special Equipment/Materials or Setup Needed (Please note equipment not requested may not be available) _____

Custodial Needs? _____ None _____ Open & Close Only _____ Entire Event _____

Use/Rental Agreement

_____ (Name of Group) agrees to abide by the policies of the Evansville Community School District and use the facility(s) appropriately. I, as the event supervisor, agree to actively supervise this use and accept responsibility for any damage that occurs. I realize that the Evansville Community School District is not liable for injuries that occur during the use of the facility(s).

(Print Name) (Signature) (Date)

(Address/City/Zip)

* Persons responsible for damages/extra charges that may occur. Two supervisors should be present at all events. One may be a community supervisor.

BACKGROUND CHECK INFORMATION FORM

In order to provide a safe and healthy environment for our students and community, please understand that we may need to check references and review relevant public documents regarding criminal activity of any persons who are requesting to use school facilities. For this reason, please provide information as requested below:

Legal Name: _____ Phone: () _____
Please Print (Include first, middle, and last)

Address: _____ Date of Birth: _____
_____ SS#: _____

I authorize the Evansville Community School District to process my agreement for use of school facilities by reviewing my background. This may include checking references and reviewing relevant public documents regarding criminal activity. I hereby release the Evansville Community School District, its employees, representatives, and such individuals or organizations from all liability for any damage whatsoever incurred in obtaining or furnishing such information.

Signed: _____ Date: _____

Waiver of Liability

I understand that engaging in activities in and on district facilities such as playing basketball, volleyball, soccer or other recreational pursuits, carry some risk for injury.

I hereby assume the risk for any injuries that any individual may sustain in his or her participation in the _____ and do hereby release and forever discharge the Evansville Community School District, its employees, and representatives from any actions, suits, damages, claims or judgments that may result from any personal injury sustained by these participants.

Signature

Date

Printed Name