

<School District Name>

FACILITY - EQUIPMENT RENTAL AND USE CONTRACT

REQUESTOR DETAILS:

NAME	DESIGNATION	ORGANIZATION	DATE PREPARED
BILLING ADDRESS			CONTRACT NUMBERS:

ACTIVITY DETAILS:

Activity Title			
Activity Description			
Period		Open to the Public?	<input type="radio"/> Yes <input type="radio"/> No
Start Date: _____	Time: _____	Admission Fee?	<input type="radio"/> Yes <input type="radio"/> No
End Date: _____	Time: _____	Participation Fee?	<input type="radio"/> Yes <input type="radio"/> No
		Number Attending?	_____

FACILITY / EQUIPMENT TO BE RENTED

Description	Hour Usage	Rental Cost / Hour	Rental Amount
Total			

I hereby certify, on behalf of my organization, that I shall be personally and severally responsible for any damage or unnecessary abuse of school buildings, grounds, or equipment growing out of occupancy of said premises by our organization. We agree to abide by and enforce the rules and regulations of the School governing the non-school use of buildings, grounds, and equipment as printed on the Annex of this form. We agree that the School, its agent, employees and directors shall not be liable for any damage to person or property by reason of the negligent acts of applicant, its agents, employees, invitees or subcontractors. We agree to protect, indemnify for costs, legal and other expenses, and hold harmless the School and its officers, employees, directors and agents from all claims, liabilities or suits arising out of injury to person or property from negligent acts of applicant, its agents, employees, invitees or subcontractors, and thereby applicant assumes all such claims, liabilities or suits.

Please contact the School Administration Office if you have any questions, changes, or cancellations.

I have read and understand all RULES AND REGULATIONS specified on the back of this form; I am authorized to sign this agreement.

REQUESTOR SIGNATURE

DATE

<School District Name>

FACILITY - EQUIPMENT RENTAL AND USE CONTRACT

FOR SCHOOL USE ONLY

ADDITIONAL SERVICE CHARGES

Services	Required	Resource Count	Hours	Rate	Amount
Custodian Services	<input type="radio"/> Yes <input type="radio"/> No				
Food Services	<input type="radio"/> Yes <input type="radio"/> No				
Maintenance Service	<input type="radio"/> Yes <input type="radio"/> No				
Security Services	<input type="radio"/> Yes <input type="radio"/> No				
Utility Services	<input type="radio"/> Yes <input type="radio"/> No				
Others:					
	<input type="radio"/> Yes <input type="radio"/> No				
	<input type="radio"/> Yes <input type="radio"/> No				
	<input type="radio"/> Yes <input type="radio"/> No				
	<input type="radio"/> Yes <input type="radio"/> No				
Total Amount Charges					
Amount Deposit					
Total Amount Due					
Insurance Certificate Received? <input type="radio"/> Yes <input type="radio"/> No					

AUTHORIZATION

APPROVED BY

DESIGNATION

SIGNATURE

DATE

