

Chehalis School District #302
School Facilities Rental and Use Agreement

NAME OF ORGANIZATION		DATE	
NAME OF REPRESENTATIVE		TITLE	
BILLING ADDRESS		PHONE	
Street _____		(H) - _____	
City _____ State _____ Zip _____		(W) - _____	
		FAX _____	
SCHOOL BUILDING/FACILITY	DATES (LIST INDIVIDUALLY)	TIME	OPEN TO PUBLIC? YES ___ NO ___
SPACE REQUESTED		Activity to begin _____ a.m./p.m.	
		Activity to end _____ a.m./p.m.	ADMISSION FEE? YES ___ NO ___
DESCRIPTION OF ACTIVITY - *if videoconference, see below		SPECIAL INSTRUCTIONS	
<p>We agree to abide by and enforce the rules and regulations of the Chehalis School District governing the non-school use of buildings, grounds, and equipment as printed on the reverse side of this form. We agree that School District and School District's 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 School District 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. Applicant will provide a certificate of insurance naming Chehalis School District as other insured for the period of this rental. Please contact the School Office if you have any questions, changes, or cancellations.</p>			
I have read and understand all RULES AND REGULATIONS specified on the back of this form; I am authorized to sign this agreement.		SCHOOL/BUILDING APPROVAL	
APPLICANT SIGNATURE _____		BUILDING ADMINISTRATOR _____ DATE _____	

For School District Use

Insurance Certificate Received _____	Waiver of fees approved by: _____ Superintendent Date: _____
Please note: Even if rental fees are waived, custodial charges still apply. Your organization will be billed separately and overtime may be applicable.	
Charges to User:	
Rental	\$ _____
Custodian on duty: _____	
Custodial Services: Reg/O.T. _____ hours @ \$ _____ per hour	\$ _____
Total Charges	\$ _____
Deposit Paid _____ Date _____	Total Due \$ _____
Remittance to be paid to: Chehalis School District, 310 SW 16 th Street, Chehalis, WA 98532	

* VIDEO CONFERENCING ROOM	Facilitator Needed	Yes	No
Custodian Services Requested?	Yes	No	

CHEHALIS SCHOOL DISTRICT #302

Hold Harmless Agreement-Use of Facilities

Regarding the use of any Chehalis School District facilities, I agree to the following terms and acknowledge my acceptance of all conditions herein by my signature below:

I understand that my personal or group use of District facilities is possible only by permission of the building principal (or principal's designee) of the facility I wish to use. I also understand that permission to use the facility does not imply a blanket approval, but rather is granted on a one-time-only basis, and I must obtain the principal's (or designee's) approval each time I wish to use the facility, unless the approval is expressly given for a specific period of time (as stated below under "Date or Period Requested") or for multiple dates which must be listed.

I shall be responsible for being in compliance with School District policies and for all persons accompanying me during the use of District facilities. I agree that the Chehalis School District and School District's employees, directors, its officers and agents shall not be liable for any unlawful acts to persons or for property loss by reason of negligent acts, be they intentional or unintentional, by myself or those I invite to the facility. I agree to protect, hold harmless and indemnify the District, its employees and Directors from all costs, claims, expenses, liabilities and/or suits arising out of my acts to persons or damage to property occurring during my personal or group use of District facilities. I understand and agree that permission to use facilities may be revoked or cancelled at any time with or without cause, and I shall have no claim or right to damages or reimbursement for any loss or expense resulting from such revocation or cancellation. I understand I shall be held solely responsible for any damages to facilities resulting from my personal or group use and/or for any and all legal claims brought by persons associated with, or effected by, my use of district facilities.

Print Applicant's Name

Applicant's Signature

Date

Facility Requested

Date or Period Requested

Principal's (or Designee) Signature

Date Approved