

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.	
DESCRIPTION OF ACTIVITY - *if videoconference, see below		Activity to end _____ a.m./p.m.	NUMBER ATTENDING _____
		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:
<p>Please note: Even if rental fees are waived, custodial charges still apply. Your organization will be billed separately and overtime may be applicable.</p>	_____ Superintendent
	Date: _____
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