

**WESTERN RESERVE LOCAL SCHOOLS
SCHOOL PREMISES RENTAL / USE APPLICATION**

File: KG-E

Building Requested _____ Date(s) Requested _____

Hours Requested From _____ To _____

Name of Group _____

Premises Needed _____

Name	Address	Phone
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I, the undersigned, as representative of the above group, agree to indemnify and hold harmless the Western Reserve Board of Education and their agents and employees from all liability, claims, demands, damages or costs for, or arising out of rental and/or use of school premises whether it be caused by the negligence of indemnifier or Western Reserve Board of Education or either party's agents or employees, or otherwise.

I/We agree that we will use the premises requested in a reasonable manner and leave the premises in the condition in which it was found. We further agree to be responsible for damage to school property while using said premises. If any fee is required, I/we agree to send payment to the Treasurer of the Board of Education two (2) days after date of receipt of the final bill.

I/We further agree to abide by the following regulations:

1. No admission will be charged without prior Board approval. The District should not be used as the contact or sponsor of the event.
2. Confine ourselves to areas of the school approved on this application.
3. Smoking, drinking or use of drugs is not permitted in any school building or on school property.
4. Use of school equipment is not included in the rental. Any food service area that does not require a school employee must be left clean and all food removed at the end of the activity or there may be an additional cleaning fee.
5. Groups renting the gym for practice purposes are not allowed spectators.
6. No equipment is to be brought in and left in the building without first getting consent from the school safety coordinator.
7. Estimated fee charge (actual charge will be mailed to you after employee(s) hours are tabulated).

•Utility Fee(\$75.00 Stadium an hour) (\$15.00 an hour): Hours _____ x Rate _____

•Custodial Fee: Hours _____ x Rate _____

•Cook Fee: Hours _____ x Rate _____

•Employees are paid 1 ½ time hourly rate on weekends & over-time.

Estimated Total Fee \$ _____

**Signature of the representative of the group
renting or using facilities.

Date

Evidence of organizational liability insurance has been provided _____

Name of insurer

Superintendent's Signature

Date

Approved

Denied