

FACILITIES USE REQUEST

Name of Organization \_\_\_\_\_

Person Requesting \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Room(s)/Area Requested \_\_\_\_\_

Date(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Expected Number of Participants \_\_\_\_\_

Purpose of Use \_\_\_\_\_

Please specify the setup of room(s) requested (arrangement of chairs, tables, technology needed, etc.) \_\_\_\_\_

\*\*\*\*\*

**I agree to the following:**

Provide a Certificate of Insurance (before activity takes place) **or** agree to the following waiver:

I/we as members of the \_\_\_\_\_ organization agrees to release West Valley Central School from any and all liability incurred as the result of our using WVCS facilities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(For additional signatures please use reverse side)

\*I/we agree to guarantee proper use and supervision of all school facilities and that no room or area that is not listed above will be used by this organization.

\*I/we agree to be responsible for the return of all school property and for the payment of any damage to the building or equipment caused by this organization.

**(Note that sneakers or rubber soled shoes are proper for gym floors.)**

\*I/we agree to leave the school facilities in proper order.

\*I/we agree to enforce the no smoking rule in school buildings, and to enforce the absolute prohibition on alcoholic beverages in school buildings or on school grounds.

\*I/we agree that any violation of any of the above will be sufficient cause for the immediate cancellation of this request and will be adequate reason to void, for one full year from the date of the violation, any use of school buildings by this organization without any exception.

Date: \_\_\_\_\_

Authorized signature of responsible adult making this agreement

Approved \_\_\_\_\_, Superintendent of West Valley Central School