

Benton Community School District-FACILITY USE AGREEMENT FORM

Organization: _____

School: Atkins El. Norway El. Keystone El. MS/HS

Specific Area of the school requested: _____

Classification of Group/Organization: Group 1 Group 2 Group 3 Group 4

Contact Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Event Information

Purpose of Event: _____

Start Date: _____

Start Time: _____

End Date: _____

End Time: _____

Total Days: _____

Total Time: _____

Building:**Auditorium (No Food or Drink)**

Indicate Items Needed for Event:

 Podium Sound/Lights/Technician**Gymnasium/Weight Room (No Food or Drink)**

Indicate Items Needed for Event:

 P.A. System Scoreboard Locker Rooms
 Licensed coach/strength and conditioning instructor**Classrooms (No Food or Drink)**

Number of Seats Needed for Event: _____

Kitchen (cook must be present)

Dining: Number of Seats Needed: _____

The undersigned applicant makes application for the use of the school facilities designated above. The applicant agrees to all restriction regarding alcoholic beverages and smoking in school buildings and school grounds and regulations pertaining to no food or beverage in auditorium, gymnasium, and classroom areas. The undersigned agrees to indemnify and hold harmless the Board of Education, each individual board member, and all administrators and teachers, and all custodians against any and all claims, costs, suits, and other forms of liability and all court costs arising from the use of the buildings and/or facilities. The applicant agrees to pay all costs for any and all damages incurred during time of use of the facilities. The individual as representative of the above named group agrees to all conditions of the above statement. The organization will provide the District with a Proof of Insurance Coverage Certificate.

Signature of Applicant: _____ **Date:** _____

OFFICE USE ONLY

Total Rent Hours _____
Deposit _____
Rent Fee _____
Custodial @ \$35/ hr. _____
Kitchen/Cook @ \$25/ hr. _____
Weight Room @ \$25/ hr. _____
Auditorium @ \$25/hr. _____
Other Fees _____
Total _____

Approval: Yes No
Administrator: _____ **Date:** _____
Deposit Rec'd: _____ **Payment Rec'd:** _____
Proof of Insurance Coverage Certificate: _____
School Board Approval Date: _____

**USE OF SCHOOL DISTRICT FACILITIES & EQUIPMENT INDEMNITY
& LIABILITY INSURANCE AGREEMENT**

The undersigned hereafter referred to as "entity," states that it shall hold the Benton Community School District, hereafter referred to as "school district," harmless from any and all damages and claims that may arise by reason of any negligence on the part of the entity in the use of any facilities or equipment owned by the school district. In case any action is brought therefore against the school district or any of its officers, employees or agents, the entity shall assume full responsibility for the legal defense thereof, and upon its failure to do so on proper notice, the school district reserves the right to defend such action and to charge all costs, including attorneys' fees, to the entity.

The entity agrees to furnish and maintain during the usage of the facilities or equipment owned by the school district such bodily injury and property damage liability insurance as shall protect the entity and the school district from claims for damages for personal injury, including accidental death, and from claims for property damages which may arise from the entity's use of the school district's facilities or equipment whether such operations be by the entity or by anyone directly or indirectly employed by the entity. Such insurance shall include the Benton Community School District as an additional named insured in the policy carried by the entity and described above.

The entity shall furnish the school district with a certificate of insurance acceptable to the school district's insurance carrier before consent to use facilities is granted.

Dated at _____, Iowa, this _____ day of _____, 20_____.

Applicant Signature: _____

Administrator Signature: _____

School Board President/Representative Signature: _____

(IF NEEDED)