

Kingsley Area Schools
 402 Fenton Street
 Kingsley, MI 49649
 231-263-5261

Use of Building Application/Waiver of Liability And Indemnification Agreement

Date of Application: _____

GROUP/ORGANIZATION	
Name of Organization:	
Event Name:	Type of Event:
Name & Title of Representative:	
Address:	City: State/Zip:
Phone:	Email:
DATES, TIMING AND SET UP	ROOM RESERVED
Date of Use:	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/> Other:
<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> Gym
Set up: <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Commons
Start time: <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Library
End time: <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Classroom Room#:
Clean up: <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Other:
Special Equipment Needs (note additional fees):	
Will refreshments or a meal be served? If yes, please explain:	
Services needed other than custodial (Note: If kitchen is used, a cook must be in attendance):	
Number of Attendees:	Number of chairs needed: Admission fee (if any):
Will a collection be taken? <input type="checkbox"/> Yes <input type="checkbox"/> No	Purpose of fee/collection use:

YOUR ORGANIZATION <u>MUST</u> HAVE INSURANCE TO USE KINGSLEY AREA SCHOOLS FACILITIES.	Name of Insurance Company _____
**ATTACH A COPY OF YOUR POLICY TO THIS APPLICATION* * PERMISSION WILL NOT BE GRANTED WITHOUT IT.	

WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

The person named below, as the duly authorized representative or the aforementioned group or organization, release and discharge the Kingsley Area School District Board of Education and any of its members, officials, agents, or employees from and agree that the Board and any of its members, officials, agents, or employees shall not be responsible for any liability and damages from or related to our organization's use of any Kingsley Area School facilities. I understand that the reason for this agreement is that the Board has provided the use of their facility to me and/or my organization for no charge or a reduced fee covering only the district's expenses. For that reason, the Board cannot be expected to be responsible for any injuries that may occur as a result of our organization's use. Therefore, on behalf of me and/or my organization, I agree to indemnify, defend and hold the Kingsley Area Schools District Board of Education, its members, officials, agents and employees harmless for any lawsuits, claims, or actions in any way arising over our use of their facilities. I assure that myself and/or my organization has, or will obtain prior to the use of the facility, liability insurance which provides coverage for any liability arising from the use of school property which proximately causes personal injury or property damage.

If permission is granted, we agree to comply with the rules and regulations of the Kingsley Area Schools Board of Education governing the use of buildings as set forth on the back of this application and in related board policy.

_____ Signature of Responsible Party	_____ Title	_____ Date
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FOR OFFICE USE:			
Approved By:			
Building Principal _____	Date _____	Entered in Calendar?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Athletic Director _____	Date _____	Entered in Calendar?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facilities Director _____	Date _____	Entered in Calendar?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fee \$ _____ Payment due PRIOR to use. Superintendent Signature (if necessary) _____			
Copies to: <input type="checkbox"/> File <input type="checkbox"/> H.S. Principal <input type="checkbox"/> M.S. Principal <input type="checkbox"/> E.S. Principal <input type="checkbox"/> Maintenance <input type="checkbox"/> Athletic Director <input type="checkbox"/> Permit Holder			