Kingsley Area Schools
402 Fenton Street
Kingsley, MI 49649
Phone: 231-263-5261
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Joshua T. Rothwell, Superintendent
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Use of Building Application/Waiver of Liability And Indemnification Agreement

Please complete both pages of this application

Name of Organization:	
Event Name:	Type of Event:
Name/Title of Representative:	
Address:	City, State, Zip:
Phone number:	Email Address:
DATES/TIME/SETUP:	ROOM(S) REQUESTED: (check all that apply)
Date(s) of Use:	☐ Elementary ☐ Middle ☐ High ☐ Other
Days/Length of Time you will need the facilities: (please include set up an clean up time) ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun 1st Day: _____ ☐ AM ☐ PM to _____ ☐ AM ☐ PM 2nd Day: _____ ☐ AM ☐ PM to _____ ☐ AM ☐ PM 3rd Day: _____ ☐ AM ☐ PM to _____ ☐ AM ☐ PM	☐ Gymnasium ☐ Commons ☐ Library ☐ Classroom (#:_____) ☐ Other:_____ _____ _____
Special Equipment Needs:	
Will refreshments or meals be served? If yes, please explain:	
Services needed other than custodial (Note: If kitchen is used, a cook must be in attendance):	
Will you need custodial services?	

Number of Attendees:	Number of chairs needed:	Number of tables needed:
Will a collection be taken? ☐ Yes ☐ No	Purpose of Fee/Collection:	

YOUR ORGANIZATION MUST 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 proximally 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:** _____

OFFICE USE ONLY

Approved by:

Building Principal: _____ Date:_____

Athletic Director: _____ Date:_____

Facilities Director: _____ Date:_____

Kitchen Supervisor: _____ Date: _____

Other: _____ Date: _____

Superintendent: _____ Date:_____

Fee: $_____ *Payment shall be collected prior to facility use.

Copies to: ☐ File ☐ HS Principal ☐ MS Principal ☐ ES Principal ☐ Facilities ☐ Athletic Director ☐ Applicant