

**ASHFORD SCHOOL
COMMUNITY USE OF SCHOOL FACILITIES OR PROPERTIES – Part I
(Non-Profit Organizations)**

ORGANIZATION: _____

APPLICANT'S NAME: _____ PHONE: _____

ADDRESS: _____

Specific AREA and/or PROPERTY Requested: _____

PURPOSE OF USE: _____

DATE(S) OF EVENT: _____ DAY(S) OF WEEK: _____ EVENT TIME: _____

ACTUAL TIME: IN _____ OUT _____ # OF PARTICIPANTS: _____ GRADE(S): _____

OPEN TO PUBLIC? Yes No WHAT WILL YOU CHARGE? _____

EQUIPMENT NEEDED: _____

CONDITIONS FOR USE

1. The applicant and/or his insurance assumes financial responsibility for any damage to school property known to be caused through this use.
2. Only the facilities or properties specifically listed in this permit may be used, and the responsible representative will see to it that areas not included under this permit remain off limits. Appropriate conduct must be enforced.
3. The custodian is responsible for the regulation of heat, ventilation, lights and the operation of all facility equipment.
4. This permit is effective only for the date(s) and hours specified. If it is a long-term request, it will expire on the 30th day of June. Each permit is subject to revocation by the Board of Education if in its judgment, or that of its authorized representative, the user has not complied with these terms or the use has proven to be detrimental in some way.
5. Please submit this form to the principal and await written approval from the Superintendent prior to making any arrangements.
6. Any help you can give the custodial staff in replacing furniture or "picking up" the area will be appreciated.

APPLICANT'S SIGNATURE: _____ DATE: _____

(DO NOT WRITE BELOW THIS LINE) For School Use Only

Restrictions (if any): _____

Approved Denied

Principal Signature: _____ Date: _____

Approved Denied

Superintendent's Signature: _____ Date: _____

FILE NOTES:

Signed original to Superintendent's file
Signed photocopy to Principal's file

Signed photocopy mailed to applicant
Signed photocopy to the Custodian assigned

(Over)

ASHFORD SCHOOL - COMMUNITY USE OF SCHOOL FACILITIES OR PROPERTIES – Part II

THE ADMINISTRATION IS RESPONSIBLE FOR THE USE OF ALL SCHOOL FACILITIES. IN ORDER THAT THEY MAY CONSIDER YOUR REQUEST FOR USE OF SCHOOL FACILITIES, KINDLY COMPLETE THE FOLLOWING FORM.

GROUPS NOT COVERED UNDER THE TOWN OF ASHFORD INSURANCE:

Insurance Co.: _____ Policy # _____
Agent: _____ Agent's Phone: _____

Limits of liability _____ Bodily injury _____ Property Damage _____

When applicable, please attach a copy of certificate of insurance naming the ASHFORD BOARD OF EDUCATION as an additional insured on policy. \$1,000,000 liability limit is the minimum requirement.

REGULATIONS

1. SMOKING is prohibited on school grounds. Tobacco products, illegal drugs and alcohol are prohibited.
2. Food or drinks are not permitted in the gymnasium.
3. Appropriate crowd and traffic control if more than 150 people participate.
4. Students/children are not to be left unattended (inside or out) at any time.
5. The person in charge must wait for the last participant to leave and must inform a custodian that everyone has left.
6. People are to remain in the designated area.
7. There are NO exceptions to regulations 1-6.

This is to certify that I have read these regulations with reference to building use. By my signature below, our organization agrees to abide by the terms of this policy. We agree to provide sufficient adult supervision and to leave school property in good condition. It is further agreed that this organization will be financially responsible for any damage to school facilities arising out of this use.

We also agree that our organization will at all times hereafter indemnify the school against any loss, damage or expense of any kind which said school may sustain or incur because of the use of the above-described building and grounds by our organization and will further hold said school harmless of loss of any kind in connection therewith. I further understand that the Ashford Board of Education does not provide insurance for program participants.

Applicant's Signature

Organization

Date

INCOMPLETE REQUEST FORMS WILL BE RETURNED TO THE APPLICANT