

COMMUNITY USE OF SCHOOL FACILITIES

FRANKFORT SCHUYLER CENTRAL SCHOOL DISTRICT

SCHOOL USE RELEASE FROM LIABILITY

(Group)

I, on behalf of the \_\_\_\_\_(Group) and as its duly authorized representative, understand and agree that, in consideration for being granted access to and the use of the property and facilities of the Frankfort-Schuyler Central School District, for the purpose of \_\_\_\_\_(activity), I assume any and all risk with respect to such access and use, and hereby release the District, its representatives, agents, servants, and employees from liability for any injuries sustained or damage incurred in the course of such access and use resulting from any cause whatsoever which may be sustained.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

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

**COMMUNITY USE OF SCHOOL FACILITIES REQUEST FORM**

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

The applicant organization's representative has read and understands the District's Code of Conduct and the District's rules and regulations regarding the use of School Facilities. In addition:

1. The applicant organization's representative agrees to be responsible for the conduct of those present and to indemnify and save harmless the District from any and all claims, demands, actions and causes of action for any and all damage or injury sustained or claims to have been sustained by any person on the portion of the premises for which use is sought herein during the period of which such use may be granted.
2. The applicant organization's representative agrees to make participants aware of relevant rules and regulations including indemnification and save harmless provisions that protect the District.
3. The applicant organization's representative will be responsible for and agrees to pay for damages done, exclusive or ordinary wear and tear.

Event: \_\_\_\_\_ Organization: \_\_\_\_\_

Individual Making Request: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time: From \_\_\_\_\_ to \_\_\_\_\_

Areas to be Used: Classroom \_\_\_\_\_ Cafeteria \_\_\_\_\_  
Gym \_\_\_\_\_ Auditorium \_\_\_\_\_  
Other \_\_\_\_\_

Persons (Supervisory) on Duty on use Date: \_\_\_\_\_ Custodial on Duty: \_\_\_\_\_

Equipment or Other Services Required: \_\_\_\_\_

No. in Group: \_\_\_\_\_ Total Charges: \_\_\_\_\_ Applicant Representative: \_\_\_\_\_

\_\_\_\_\_  
Building Principal Signature

\_\_\_\_\_  
Superintendent of School Signature

\_\_\_\_\_  
Athletic Director Signature

**The Board of Education reserves the right to rescind the approval of any application.**