

**HOT SPRINGS COUNTY SCHOOL DISTRICT NO. 1
FACILITY USE APPLICATION**

INSTRUCTIONS TO APPLICANT: This application must be submitted to the District Calendar Secretary **at least ten (10) business days prior to the day of the event.** Priority of facilities desired will go to school activities and activities of non-school organizations that benefit HSCSD school-age children. Applicant must complete all information on the front of the application. All non-school events must provide proof of liability insurance to the Business Office prior to the date of the event.

Principals and Supervisors will determine fees. Business Office will bill out and collect all fees.

Facility(s) Requested: *Building(s):* _____ **Facility area:** _____ **Room Number:** _____
(Ropes Course Use Requires Additional Documentation)

Date(s) Facility(s) Will Be Used: _____

Estimated Time In: _____ **Time Out:** _____ (includes set up and clean up time)

Actual time of event: Start: _____ **End:** _____

Practices for performances times and dates: _____

Please Circle Days of week: Mon Tues Wed Thurs Fri Sat Sun

Explanation of what the facility(s) will be used for (type of meeting, program, sport, etc.)

Any special instructions, special needs, information or requests:

Organization Type: _____ Will Admission Be Charged? _____

Name of Organization _____

Name of Person Submitting Request _____

Name of Person in Organization who will be Supervising Function _____

Address of Person in Organization Supervising Function _____

Phone Number of Person in Organization Supervising Function _____

Name of Organization's Liability Insurance Company _____ **Date of Policy** _____

Copy of ACCORD Certificate or other Proof of Insurance Attached? Yes No

Name of District Employee(s) Supervising/Attending Function _____

District Employee Phone Number _____ District Employee Charge _____

The District assumes no responsibility for injury to any individual using a District facility nor does the District assume liability for lost or stolen items belonging to an individual using a District facility. Any individual, group or member of a group using a District facility will indemnify and hold the District harmless of any liability in the event of any such injury or theft.

Signature _____ **Date** _____

STATEMENT OF RESPONSIBILITY

The undersigned sponsor evidences by his/her signature that the group or organization will comply with the rules and regulations/procedures as stated on the accompanying form. The person also understands that he/she will be the responsible party for all rental charges and other fees for the rental of facilities for this group. The person understands that he/she **agrees to make full restitution to HSCSD for any damages resulting from the use of the facility(s).** It is also understood that the use of school equipment is not included in this agreement and is not to be used without special permission of school authorities. HSCSD reserves the right to cancel this agreement after notice has been given to the responsible party or their designee.

By signing below I acknowledge that I understand the terms of this agreement and accept responsibility for the organization using these facilities. By signing below I acknowledge that I have received, reviewed and understand Policy KF-R – Regulations/Procedures for Use of School Facilities and Equipment.

Signature _____ Date _____

48 Hours Notice must be given for cancelled events to avoid charges. Final approved form will have estimated charges, if applicable, on back of form.

To Be Completed by Hot Springs County School District No. 1

APPROVAL/DISTRIBUTION:

<u>Conflicts</u> (Please Circle)	<u>Title</u>	<u>Signature</u>	<u>Date</u>
Yes No* See Below	District Calendar Secretary	_____	_____

<u>Approved</u> (Please Circle)	<u>Title</u>	<u>Signature</u>	<u>Date</u>
Yes No* See Below	Building Principal	_____	_____
Yes No* See Below	Custodial Supervisor	_____	_____
Yes No* See Below	Food Services Director	_____	_____
Yes No* See Below	Auditorium Technician	_____	_____
Yes No* See Below	Business Office	_____	_____

Changes in Building(s) and/or Room(s) Requests _____

District Employee(s) Assigned to Work Event _____

*Reason(s) for Denial _____

Organization's Proof of Insurance Received Yes No (*must be received before date of event*)

ADDITIONAL DISTRIBUTION:

Applicant	Building Custodian (s)	School District Representative(s)
Business Office	Room Requested	_____
Other _____	Other _____	_____

CHARGES:

Facility \$ _____	Custodial \$ _____	Auditorium Technician \$ _____
Kitchen Facility \$ _____	Other \$ _____	Set-Up Service \$ _____
Transportation \$ _____	Equipment \$ _____	

District Usage Fee Structure for Non-HSCSD Activities:

<u>Facility</u>	<u>Usage Fee</u>	<u>Special Fees</u>
Any Classrooms	\$5.00/hour	
Gymnasiums/Multi-Purpose Room/ Library/Weight Rooms	Elementary School - \$5.00/hr Middle School - \$6.00/hr High School - \$7.00/hr	
Auditorium & Lobby	\$8.00/hr	Auditorium Technician \$20.00/hr
Cafeteria General Area	Middle School - \$6.00/hr High School - \$7.00/hr Lucerne - \$5.00/hr	
Cafeteria and/or Kitchen	Kitchen - \$15.00/hr	Supervision by Staff \$15.00/hr
Custodial/District Maintenance	\$16.00/hr	
Ropes Course Usage	\$50.00/hr per Instructor	
Softball Field/Track (including Within fence)	\$2.00/hr	Based on actual need and expense of District. If lighting is needed, District expenses will be reimbursed.
Set-up Service	To be determined by supervisor.	
Transportation and/or other Equipment	To be determined by Supervisor	

Must be attached to Facility Use Request

WAIVER AND RELEASE OF LIABILITY
(waiver must be completed for each individual participant)

The undersigned, on behalf of himself or on behalf of the following minor children:

(print names)

has requested permission to utilize the ropes course facility owned by Hot Springs County School District No. 1. I am making this request of my own free and voluntary decision and acknowledge that I am not obligated or being compelled to utilize the ropes course facility or to allow my minor children to use the facility. In consideration of the School District agreeing to grant my request to utilize the ropes course facility, I agree as follows:

I acknowledge that there is a serious risk of potential personal injury or death arising out of the utilization of the ropes course facility. I understand that at times I will be at heights above the ground which, if I were to fall or be dropped, would likely cause injury to me or my minor children named herein. I agree to assume and accept full responsibility on my behalf or on behalf of the minor children named herein, for any injuries that might occur out of my or their participation in, operation and/or utilization of the ropes course facility. I further agree that in the event I am concerned about any maintenance, operation or condition of the ropes course or for any reason feel unsafe, I will immediately discontinue my participation or, if I am signing this on behalf of my minor children, I will instruct my children to do the same.

I do hereby for myself or the minor children designated herein, specifically waive any liability claim and release Hot Springs County School District No. 1, its board of trustees, employees, agents, representatives, volunteers and insurers (hereinafter "Released Parties") from any and all liability of any kind in any way arising out of my or their participation in this recreational activity. I do consider this a recreational activity and agree that immunity provided to the owners of recreational facilities in the State of Wyoming is applicable to this activity and acknowledge that I not only am releasing the Released Parties from any liability claims that could be asserted by me or my minor children, but I further acknowledge that I am barred from asserting such claims pursuant to the recreational immunity statutes of the State of Wyoming. I intend that this Waiver and Release of Liability be construed liberally so as to bar any and all claims of any kind including, but not limited to, claims that the ropes course was defective, that it was operated or maintained in a defective or negligent manner.

I understand that to the extent I should sustain any injuries, I will be solely responsible for the costs and expenses of treating such injuries and will be reliant upon my own health insurance or financial resources, and not the Released Parties'. I further understand and agree that should it be necessary for any of the Released Parties to assert this release as a defense to any claim that may be brought as a result of or arising out of injuries to me or my minor children and should any of the Released Parties prevail, they will be entitled to recover all costs, expenses and attorney fees in defending such claims.

I understand that this Release releases Released Parties from all claims of negligence which I could or may assert.

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I understand this Release will continue in effect until revoked by me in writing, which revocation is delivered to the office of the Superintendent of Hot Springs County School District No. 1 and for which I receive a signed acknowledgment of receipt.

If the adult signing below is signing on behalf of minor children, both custodial parents or guardians are requested to sign.

Dated: _____

(Signature) Participant Parent/Guardian

(Print Name)

Dated: _____

(Signature) Participant Parent/Guardian

(Print Name)