

CENTRAL SPRINGS COMMUNITY SCHOOLS
BUILDING USE APPLICATION

Building Site: Manly _____ Nora Springs _____

Date of Use: _____ **Starting Time of Event:** _____/Until what time? _____

To set the door locks, we need both opening and ending times that the sponsor will be responsible while using the building.

Time Sponsor will be there to set up. _____ (Door(s) will be unlocked)

Time Sponsor will be leaving the building. _____ (Door(s) will be locked)

If hours change, please notify the building use coordinator as soon as possible.

Name of Organization or Individual _____

What room(s) are you requesting? _____

Reason for use: _____

Would like **permission** to bring the following into the building or onto school grounds: _____

Supervision of the persons attending will be done by: _____

We need **SPECIFIC** materials/equipment (tables, chairs, public address system, etc.) that will be required for your use. **List what is needed with the number of tables, chairs, set up information, etc.** _____

Special Condition for the meeting: _____

The undersigned, who is to be in charge of the activities, is 18 years of age or older and agrees:

- a. That he/she will be responsible to the Board of Education for the use and care of school property.
- b. That the character of the activity will conform with that stated in the application.
- c. That the rules and regulations concerning the use of the school facilities will be observed by the organization.

Signature: _____ **Date:** _____

Phone Number: _____ **Email:** _____

*All organizations and individuals using Central Springs Community School buildings are asked to make any and all payments for building use cost and/or custodial or nutrition services to the School Board Secretary in the Superintendent's office.

School functions will always be given priority in scheduling events.

According to Board of Education Policy 905.1, persons representing non-school organizations need to produce certificates of insurance or be willing to sign a release or waiver limiting the school' liability for claims when using the school facilities. These certificates or documents will be kept on file and updated on an annual basis.

**PLEASE PRINT OR TYPE
PARTICIPANT INFORMATION
WAIVER AND RELEASE OF LIABILITY**

Name: _____

Home or Cell Number: _____

Address: _____

Name of the activity you will be participating in or will be in charge of: _____

Waiver Statement: "The undersigned states that he/she understands that the Central Springs Community School District is not and shall not be responsible for or liable for any illness, injury to person, or damage to property resulting from the activity in which the undersigned is partaking in or in charge of. The undersigned also hereby forever releases and holds harmless the same school district from any and all claims of any kind that the undersigned or his/her heirs, executors, administrators, or assigns may have or claim to have resulted in any way from his/her participation or being in charge in said activity."

I agree to abide by the rules and regulations set forth as determined by the Central Springs Community School District Board of Directors and further certify that all information given on this sheet is true and accurate. I acknowledge my participation in this activity will be forfeited if it is determined that any of this registration form has been misrepresented or falsified. I have read the above waiver and release of liability, and understand that I have given up substantial rights by signing it and sign voluntarily.

Signature: _____ **Date:** _____

Parental Signature (if under 18): _____ **Date:** _____