

APPLICATION FOR FACILITY PERMIT

Upon assignment of Permit Number, this document becomes the Facility Permit

MANCHESTER LOCAL SCHOOL DISCTRICT Permit No.

BUILDING REQUESTED: [] ELEMENTARY [] HIGH SCHOOL [] ATHLETIC FIELDS

Date of Rental:

Section I - To be completed by applicant and returned to Director of Operations, at least 2 weeks prior to rental date:

Organization Name:

Address Zip

Responsible Person:

Phone Day Evening

May we reach you by Fax or Email?

Fax: Email Address:

Please complete. Use other side if additional space is needed.

Building/Site: 1) 2) Estimated Attendance:

Date(s) requested: From: To:

Time: Begin: End:

Purpose:

Please denote rental area requested. Provide # if more than one. (Rental time is the number of hours noted above, unless specified otherwise.)

- [] Stadium [] Classroom [] Gymnasium - HS/MS [] Athletic Field (please specify)
[] Multipurpose room [] Kitchen [] Gymnasium - Elementary [] Other (please specify)
or Cafeteria/Commons (only available if food service worker on duty)

Special Arrangements: (e.g. Bleachers, Scoreboard, PA system, Athletic equipment. If none, state none.)

Food to be served: [] YES [] NO Beverages to be served: [] YES [] NO *Pepsi

Signature denotes agreement to and observance of Facilities Rental Rules and Conditions. Failure to abide by these rules may result in cancellation of the permit at any time. Signature also denotes that group and designated responsible individual agree to indemnify and hold harmless the Board of Education and its members, employees and agents from any claims and liability arising out of, or related to, the use of the facilities.

Signature of Responsible Party Date

*For rentals with estimated fees of \$5,000 or more, a 50% down payment of fees is required at the time of submitting a facility rental application.

Section II - To be completed by Director of Operations/Designee

The organization using facilities will be billed on a monthly basis after use for actual rental and personnel time. Charges will be based on hourly rates.

1) Estimate personnel hours needed to adequately cover this activity for estimated attendance: (# of hours)

Custodial personnel: Weekday _____ Saturday _____ Sunday _____

Cafeteria personnel: Weekday _____ Saturday _____ Sunday _____

2) Group Classification: (circle one) I II III IV V _____

3) Estimate fees:

Food Service: \$ _____ M-F \$ _____/hr; \$ _____ Sat \$ _____/hr; \$ _____ Sun \$ _____/hr

Custodial: \$ _____ M-F \$ _____/hr; \$ _____ Sat \$ _____/hr; \$ _____ Sun \$ _____/hr

Rental _____ hrs @ _____ \$ _____; Rental _____ hrs @ _____ \$ _____;

Rental _____ hrs @ _____ \$ _____; Rental _____ hrs @ _____ \$ _____;

Estimated Total Charges* \$ _____

Section III - To be completed by Director of Operations/Designee

Building approval signifies that activity is acceptable. Treasurer's Office has final approval by issuing a permit number.

Director of Operations Approval _____ Date _____
(Director of Operations/Designee)

Director of Operations contact Phone#: _____

Evening contact Phone #: _____

Email address: _____ Fax # _____

Upon approval, Treasurer's Office distributes copies of permit to: Permit Holder, Director of Operations and Building contact(s).

HOLD HARMLESS AGREEMENT FOR USE OF SCHOOL FACILITIES

(Name of group or organization)

In consideration of the use of the facilities of the Manchester Local School District, the above-named group or organization agrees to defend, hold harmless and indemnify the Manchester Local School District Board of Education, its officers, members, employees and agents, in both their official and individual capacities (collectively the "Board"), from all liability, claims, demands, damages or costs for, or arising out of the use of the facilities by the above-named group or organization or persons enjoying use of the facility as members or invitees of the above-named group or organization, whether it be caused by the negligence of the community group, organization, persons enjoying use of the facility as members or invitees of the above-named group or organization, the Board or either party's agents or employees as defined in Ohio Revised Code Section 2744.01(B) or otherwise.

Signature

Title (if applicable)

Name (printed)

Date above signed

The undersigned accepts full responsibility for condition of the used facilities and agrees to pay for all damages or loss other than the result of normal use as well as regular charges pursuant to fee schedule.

Signature of Organization Representative

Date

Address

Phone
