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Request is:	Approved	Denied		Tentative

* If this is a tentative request, you have 10 days to confirm or your reservation will be canceled. Date facility needed: Group/Sponsor: Brief description of the requested facility use: Use start time: Event start time: Use end time: If request is for a regular weekly/monthly time, please describe: Location being requested: Room: Rain plan/alternate site: Estimated attendance: Primary contact person/site supervisor: Secondary contact person/site supervisor: Address: Address: Phone number: Will your group need access to the building to decorate or set-up before the time/day of the use? Yes No If so, when? Admissions standards for the event: Ticket Required Invitation Only Open to the Public Do you anticipate guests with special needs/physical challenges? Yes No If yes, please describe: Will food be served? (special permission is required) Yes No If yes, please describe: Will HVAC be needed? Yes No Is special room set-up required? (a separate charge may apply) Yes No If yes, please describe your needs: Will there be a need for custodial services after the event? (a separate charge may apply) Yes No If yes, please describe: Is audiovisual equipment needed? (a separate charge may apply) Yes No If yes, please describe:

GENERAL CONDITIONS FOR FACILITY USE

User agrees that the property and facilities of Ste. <u>Valley R-VI School District</u> (Facility herein shall be defined as the portion of the property wherein the event is being held as well as any other parts of the campus being utilized by the group including, but not limited to, parking lots, fields, sidewalks, hallways and restrooms) shall be used only for purposes that conform to, and in a manner consistent with, federal, state and local law and the policies and procedures of the institution and only for the purposes as described herein.

- 1. User agrees to abide by the Facility Use COVID-19 Requirements accompanying this form.
- 2. User agrees to abide by all fire, safety, traffic and parking, and public safety requirements of the institution.
- 3. Smoking is not permitted in any facility.

Principal: ___

- 4. The sale, consumption or possession of alcoholic beverages shall not be permitted on the premises at any time. Nor shall any person who is in a drunken or intoxicated condition, or who is under the influence of liquor, be permitted on the premises. The primary contact person above will be held responsible for the enforcement of this rule.
- 5. The use of profane language or gambling in any form is not permitted in any facility.
- 6. No use of equipment shall be granted unless an instructor or attendant, approved by the institution, is in charge of the rooms or equipment.
- 7. User agrees to be responsible for any damages to any facilities and/or property or injury to other persons caused by persons using the facility under this Agreement.
- 8. User agrees to indemnify, defend and hold harmless <u>Valley R-VI School District</u>, its board, administrators, employees, agents and volunteers from any and all claims, suits, actions and liability arising or alleged to arise out of injuries or damages sustained by any person as a result of the use of the facility under this Agreement, notwithstanding the negligence of the institution, its board, administrators, employees, agents and volunteers.
- 9. User agrees to provide proof of comprehensive general liability insurance of **not less than \$2,000,000** per occurrence, which names the institution as an additional insured. The institution reserves the right to cancel this Agreement if such proof of insurance is not provided at least two weeks prior to the scheduled use and maintained throughout the use. In the event acceptable proof of insurance cannot be provided by the user, the institution can arrange for the procurement of Special Event insurance at the rate of \$77.00 per event day for 1,000 or fewer participants and \$107.00 per event day when participants are over 1,000. Deductible is \$250 per claimant. (Institution can provide a Special Event Insurance application.) Questions can be directed to the institution or Ada Hequembourg at our insurance provider at (800) 877-8218 ext 2197.
- 10. Failure to abide by the terms of this Agreement may result in the immediate termination of the Agreement by the institution. 11. This Agreement may be modified only by the written agreement of the User and the institution.

Rental Charge:	Custodial Charge:			
Utilities Charge:	Cafeteria Charge:			
2. Cancellations are accepted up to one week prior to the facility use. A fu use. Any refund would be reduced by those costs. No refund will be made 3. The institution reserves the right to cancel this reservation if, in its sole of	ecial Event coverage is purchased payment is to be made by check payable to all refund will be made unless the institution has incurred costs in preparation for for cancellations received less than one week prior to the use. discretion, it has reason to believe that the facility use will conflict with the Gutions to other rooms with the understanding that, if possible, comparable facility	the General		
Primary Contact Person:	Date:			
Email Address:	Phone Number:			
NOTE: Non-school affiliated groups must attach proof of C	omprehensive General Liability Insurance to this form.			
Approved By:				
Athletic Director:	Date:			

____Date:____