

**Chebeague Island School Department
School Committee Policy**

KF-E1

FACILITY USE REQUEST FORM

Name of person completing this form: _____

Name of Organization: _____

Contact Name/Responsible Person: _____ Phone: _____

Date(s) and Time(s) Requested: _____

Facility/Area(s) Requested: _____

Is the Event Open to the Public? _____

Will an Entry Fee Be Charged? (If yes, what is the fee to be charged?) _____

Purpose (Describe): _____

Equipment Requested: _____

Special Considerations or Setup: _____

Insurance: Organizations and individuals associated with the building use are liable for their own actions and/or equipment. A certificate of insurance is required as appropriate for particular use requested.

Insurance Carrier _____ Policy Holder _____

Liability Limits: Bodily Injury _____ Property Damage _____

Facility Use Charges are payable in advance. Make checks payable to **Chebeague Island School Department**. Facility use is automatically cancelled during weeks of school vacation, on school holidays and school days when school is closed due to inclement weather, unless specific rental for that time is approved. If a custodian, cook or driver are required, the applicant will be charged for those services. Renters are expected to clean up after each use, and all decorations must be fire-safe and removed when done.

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On behalf of the organization/individual herein named, I agree

- To waive any claims including attorney fees that the organization may have against the Chebeague Island School Department, the School Committee or all of its agents.
- To indemnify the Chebeague Island School Department, the School Committee and all of its agents against any loss, damage, or expense of any kind which may be sustained or occur to the organization or individual use of the building and/or grounds.
- To hold harmless the Chebeague Island School Department, the School Committee or all of its agents for loss or injury of any kind.
- That I have read the Chebeague Island policy *KF Community Use of School Facilities* and agree to all the rules and regulations in it.

Signature of Applicant Date

Address: _____

Phone: _____ Email _____

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Signature of Superintendent \_\_\_\_\_ \_\_\_\_\_ Approved

Date: \_\_\_\_\_ \_\_\_\_\_ Not Approved

Approved: \_\_\_\_\_