

Stanley County School District 57-1
112 S. 1st Street Fort Pierre, S.D.

REQUEST FOR USE OF SCHOOL FACILITIES

Date Submitted:	Date(s) of Use:
Name and Type of Event:	
A copy of liability Insurance form is required. Name of Insurance:	Specified room(s) or gym(s) Requested: Other: Specify
Equipment Requested or special set up(if any)	Do you need a custodian on duty? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, times: from: to:
Time: from: to:	Estimated Attendance:
Admission or collection to be taken? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of individual in charge:
Mailing address: Address: City, State Zip	Phone:

A part of this agreement for rental is the assumption of responsibility by the user for proper and adequate supervision and care of school facilities. School rules concerning smoking, drinking and tobacco use on school premises as well as the Bloodborne Pathogen procedures shall be enforced. The user also agrees to be responsible for any damages not considered to be a part of "normal wear".

Persons or entities desiring to use the District's facilities are required to agree holding the District, its agents, employees, and representatives harmless from any and all liabilities, cost or expense arising from the use of the facility, and to indemnify the District, its agents, employees and representatives from any such liability cost or expense.

An official representative of the above organization must sign the application.

Signature of Representative

Date

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Approved by:

Principal

Date

Superintendent

Date

Deliver to Joel Price as soon as required signatures are acquired.

Fees:	Rental of facility	\$	
	Custodial Services	\$	
	Total	\$	
Record of Payment:	Deposit	\$	Date: Received by:
	Balance	\$	Date: Received by:

The following will receive copies:

- Person who requested
- AD
- Both Principals
- Technology Director
- Head Maintenance