

**CENTRAL SPRINGS COMMUNITY SCHOOLS
BUILDING USE APPLICATION**

Site: Manly _____ Nora Springs _____

Date of Use: _____ Time: _____ From _____ To _____

Name of Organization or Individual _____

Will use the facilities: _____

Reason: _____

Would like permission to bring into building or on school grounds: _____

Supervision of the persons attending will be done by: _____

Materials that will be required for meeting are: (tables, chairs, public address system, etc.). **BE SPECIFIC** as to what is needed and the number needed

Special condition for 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 the 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 school facilities will be observed by the organization.

Signature: _____ Date: _____

Address: _____ 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 services to the School Board Secretary in the Superintendent's office.

Approved by: _____ Date: _____

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 schools' 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 Phone 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: _____