

**REQUEST FOR USE OF FACILITIES**

Directions

1. Complete this form and leave with the appropriate building administrator.
- 2a. Requests by outside groups or organizations, or of an unusual nature require approval by the Board of Education. Regular Board of Education meetings are held on the 2<sup>nd</sup> and 4<sup>th</sup> Tuesday of each month. Agendas for board meetings are prepared the Thursday prior to a board meeting, therefore, requests must be submitted in time to appear on the agenda.
- 2b. Requests made by In-House School Functions or Board of Education Approved Community Partner must give a minimum of four (4) days advance notice.
3. Request for use of facilities by an outside group requires Certificate of Liability Insurance in the amount of \$1,000,000.00 and must accompany the organizations request.
4. Requests for use of buildings, by any group, beyond regular school hours requires payment at the current overtime rate of the custodian in charge.
5. Use of the cafeteria kitchen area by any group requires a district cafeteria employee to be hired at their hourly rate.
6. **NOTE:** Front doors will be opened 15 minutes prior to starting time of your request and locked 5 minutes after starting time.
7. In consideration for receiving permission to use the Lyons School District facilities, related contents, and equipment, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE, the Lyons School District, their officers, agents, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such use, or while in, on or upon the premises where the facility use is occurring.

Check appropriate box:

- In-House School Function                       Outside Group/Organization Function  
 Board of Education approved Community Partner

Name of Department/Organization: \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Date desired: \_\_\_\_\_ Time desired: \_\_\_\_\_

Area of Facilities desired: \_\_\_\_\_

Equipment needed (if any): \_\_\_\_\_

Purpose for which Facilities is to be used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of People Participating:    Students \_\_\_\_\_                      Adults: \_\_\_\_\_

Name(s) of Chaperones: \_\_\_\_\_

There must be someone on-site at all times responsible for your activity.

Name and telephone number(s) of adult(s) who will be responsible for supervision and security of facilities/building:

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Invoices should be sent to:

Name \_\_\_\_\_

Address \_\_\_\_\_

<b>Office Use Only:</b>	
Principal's Approval/date _____	_____ / _____
Facilities' Approval/date _____	_____ / _____
Superintendent's Approval/date _____	_____ / _____
Board of Education Approval/date _____	_____ / _____
Athletic Director (if appropriate) _____	_____ / _____