

# GALLIPOLIS CITY SCHOOLS

## FACILITIES USAGE (RENTAL) PERMIT

- 1. This form must be submitted to the appropriate Building Principal at least two (2) weeks prior to the event.
- 2. In cases where there are undetermined costs, the Treasurer will bill the organization and signer directly.
- 3. All charges/fees will be paid in advance to the Treasurer, 61 State Street, Gallipolis, OH 45631. Make checks payable to: *Gallipolis City Schools*.  
Any unpaid fees/charges are due within three (3) days after the activity.

4. \_\_\_\_\_  
Name of Organization, Group, or Individual Today's Date

5. \_\_\_\_\_  
Facility requested (specify school and room)

6. Dates and times for which facility is requested:  
Date \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

7. List type of activity: \_\_\_\_\_

8. List special equipment needed: \_\_\_\_\_  
\_\_\_\_\_

- 9. I hereby agree to all conditions herein and all conditions governed by law:
  - A. Indemnifier agrees to indemnify and hold harmless the Gallipolis City Board of Education and its agents and employees from all liability, claims, demands, damages or costs for, or arising out of, the use of the building/grounds and or equipment whether it be caused by the negligence of indemnifier or the Board or either party's agents or employees, or otherwise.
  - B. I hereby declare that I am covered by \_\_\_\_\_  
Insurance Company with liability in the amount of \$ \_\_\_\_\_  
**(minimum \$1,000,000)**
  - C. I have attached a copy of the certificate of insurance listing the Gallipolis City School District as an "Additional Insured".

- 10. *The facilities should be scheduled during regular school days. Use of facilities on weekends, Holidays, calamity days, and other days that the custodial staff is not present need to be specially arranged. The indemnifier must pay the entire custodial fee for any building usage scheduled outside of normal custodial hours.*
- 11. Indemnifier agrees to set up and take down all equipment used, and leave the facility in the same condition it was found.

12. Facility Usage Fee: \$ \_\_\_\_\_ Cafeteria Wages: \$ \_\_\_\_\_

13. Custodial Wages: \$ \_\_\_\_\_ **Total Fees/Charges:** \$ \_\_\_\_\_

14. \_\_\_\_\_  
Signature of Indemnifier Phone #



Approved     Disapproved                       Approved     Disapproved

\_\_\_\_\_  
Principal Date Superintendent Date

## WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

I, \_\_\_\_\_, as the duly authorized representative of,  
*(name of authorized individual)*

\_\_\_\_\_, release and discharge the Gallipolis City  
*(name of organization)*

School District and any of its members, officials, agents, or employees from, and agree that the Gallipolis City School District and any of its members, officials, agents, or employees shall not be responsible for, any liability and damages arising from or related to our organization's use of the requested facility.

I understand that the reason for this agreement is that the Gallipolis City School District has provided the use of this facility to me and/or my organization for no charge or a reduced fee covering only the District's expenses. For that reason, the Gallipolis City School District cannot be expected to be responsible for any injuries that may occur as a result of our organization's use of this facility.

Therefore, \_\_\_\_\_, agrees to indemnify, defend and hold  
*(name of organization)*

the Gallipolis City School District, its members, officials, agents, and employees harmless for any lawsuits, claims, or actions in any way arising out of our use of their facility, whether it be caused by the negligence of the indemnitor, the Gallipolis City School District, or either party's agents or employees, or otherwise.

\_\_\_\_\_  
*(Authorized Signature)*

\_\_\_\_\_  
*(Date)*