

FACILITIES USE AGREEMENT FOR BUILDINGS AND GROUNDS OF KAW VALLEY USD #321

No application will be considered without the signature of the responsible adult (must be a district resident) on the facilities use form. Signing an application shall be interpreted as a guarantee to the district that the organization will be responsible for proper use and adult supervision and for prompt payment to the district to cover any damage to district property resulting from the organization's use. Application will include a waiver of liability.

Name of Organization: \_\_\_\_\_ Fee Charged \_\_\_\_\_

Name of responsible Adult: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home: \_\_\_\_\_

Building Requested: \_\_\_\_\_ Area of the Building to be Used: \_\_\_\_\_

Purpose for Use: \_\_\_\_\_ Equipment Needed: \_\_\_\_\_

Dates/Times Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, the undersigned, \_\_\_\_\_, hereby waive and release, on behalf of myself and my organization, any and or all claims which may result in injury, death or other damages resulting from any and all personal injuries either real or imagined that arise out of my use of any and all Kaw Valley USD #321 facilities. I acknowledge and agree Kaw Valley USD #321 is not responsible for any medical, hospital, expenses and/or charges incurred in medical treatment or hospitalization resulting from any injury, accident or any other loss sustained as a result of my use of any and all Kaw Valley USD #321 facilities. Furthermore, I understand and agree that I am responsible for any loss or damage to my personal property whether by theft, destruction or otherwise which I may suffer while actually engaged in using any and all Kaw Valley USD #321 facilities. I understand and have been notified that I am not covered by any and all Kaw Valley USD #321 insurance or compensation programs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Signature of Building Administrator

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date