

Facility Use Application

Certificate of Insurance: The user shall procure at its own expense, a Comprehensive General Liability insurance policy, naming the district as an additional insured. This policy shall be primary and written with limits of: \$1,000,000 Combined Single Limits, per occurrence.

Coverage shall include but not be limited to: Broad Form Property Damage • Products/Completed Operations • Blanket Contractual. Coverage cannot be cancelled or reduced in coverage without thirty (3) days written notice to the district. A Certificate of Insurance evidencing coverage and a copy of the endorsement naming the district as an additional insured must be submitted to the district business office prior to the event.

The proof of insurance must accompany this form before the application will be processed.

To insure adequate processing time, requests should be submitted 30 days prior to date requested.

Name of applicant and/or organization _____

Facility requested _____ Room/Area _____

Contact person _____ Phone: (hm) () (wk) ()

Mailing address _____ City _____ Zip _____

E-mail address _____ Fax ()

Purpose for renting facilities _____

No. of participants _____ Age(s) _____ to _____

| Date(s) to be used | Arrival Time | Departure Time | Actual Time of Event |
|--------------------|--------------|----------------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Ongoing activity - Days of activity (circle): S M T W TH F S for _____ week(s)

Starting Date _____ Ending Date _____ Open to public? Yes No

Number of people anticipated _____ Will there be an admission fee, collection or funds solicited? Yes No

Special requests _____

OTHER EQUIPMENT: It will be the responsibility of the applicant to provide other equipment such as overheads, screens, TV monitors, easels, etc. The building principal, his/her designee or media center specialist may be able to help you with your needs, but that must be arranged personally.

The applicant hereby agrees to abide by the laws of the State of Washington, the County of Pierce, the City of Lakewood and by the regulations of the Clover Park School District. It is understood and agreed by the applicant that this permit may be revoked or cancelled at any time with or without cause. It is further agreed that the applicant agrees to protect, indemnify and save harmless Clover Park School District and its officers and employees from any and all claims, liabilities, damages, or rights of action directly or indirectly growing out of the use of the premises covered by this application. The applicant furthermore agrees that attendance will be open to the public.

All applicants may be held responsible for any expenses incurred by the district arising from the use of a facility. In the event of damage, each applicant agrees to pay promptly the district's statement of amount due.

AUTHORIZATION: I hereby warrant and certify that I am the authorized representative of the organization/individual named above, that the statements are true to the best of my knowledge, and that our organization and I agree to be bound by the regulations and policies governing the rental use of Clover Park School District facilities.

Applicant's Signature _____ Date _____

DISTRICT USE ONLY

| | |
|--|---|
| Custodial Hours Required _____ <small>To be provided by principal</small> | Principal's Signature _____ Date _____ |
| Date Scheduled _____ | District Approval Signature _____ Date _____ |

User Priority List

In the event of a scheduling conflict, the following prioritized list will be used when considering user requests:

1. School district related activities
2. Student related activities
3. Community enrichment activities
4. Businesses/profit-making organizations

| | | |
|--|---|--|
| <p style="text-align: center;">Payment Method</p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Check # _____ Receipt # _____</p> <p>Received by _____</p> | <p>Please make check out to: Clover Park School District</p> <p>and submit to: Recreation & Facilities Department Clover Park School District 10903 Gravelly Lake Dr SW • Lakewood WA 98499 Telephone: (253) 583-7364</p> | <p>Terms: Net 30 days</p> <p>Rental Fee _____</p> <p>Personnel Fee _____</p> <p>Damage _____</p> <p>Equipment _____</p> <p>TOTAL _____</p> |
|--|---|--|