SPRINGFIELD LOCAL SCHOOL DISTRICT
USE OF FACILITIES APPLICATION

Name of Organization: _____

Contact Person: _____

Address: _____ Phone: _____

School Requested: Elementary ☐ Intermediate ☐ High School ☐

Type of Activity: _____

Day and Date Requested: _____ Hours: **_____**

Facilities: Gym □ Auditorium □ Computer Room □ Classroom □ Track □

Football Field □ Baseball Field □ Cafeteria □ Kitchen □ Other: _____

If the **kitchen** is requested, what equipment will be used: Microwave ☐ Stove ☐ Steamer tables ☐
Pans □ Ovens □ Dishwasher □ Banquet tables □ Warmers □ Lrge. Coffee Pot □ SS Silverware □
Mixer □ Utensils □ **Freezer / Cooler No longer available for use**
Other: _____ **FRYERS MAY NOT BE USED**

Equipment Requested for facilities other than kitchen: _____

School Personnel Needed: Cook □ How many? ____ Hours _____ Custodian □ How many? _____ Hours _____

WAIVER OF CLAIM FOR PERSONAL INJURIES AND ACCEPTANCE OF LIABILITY FOR DAMAGES

_____ (Name of Organization) agrees to indemnify and hold harmless the Springfield Local Board of Education and their agents and employees from all liability, claims, demands, damages or costs, for or arising out of use of aboved-named facility whether it be caused by the negligence of indemnitor or the Springfield Local Board of Education or either party's agents or employees, or otherwise. Furthermore, I accept full liability for any damage which is caused to the facility and/or equipment this rental period.

Signature of Renter: _____ Date: _____

Estimated charge (by Treasurer) _____
Additional hours may be necessary to accommodate special arrangements, cleanup, etc.

Approval of Facilities Supervisor: Approval of Superintendent:

_____ _____

Copies to:Facilities Supervisor □ Organization □, Principal □, Maintenance Supervisor □, Food Service Supervisor □
District Calendar □ Athletic Facilities Maintenance Schedule □

Revised 12/18/12