

**HOQUIAM SCHOOL DISTRICT**  
**Facility Use Application**

Name of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Requested: \_\_\_\_\_ School: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_ Time: Begin \_\_\_\_\_ End \_\_\_\_\_

Purpose: \_\_\_\_\_

\*A supervising adult **must** be present at all times

**Check One Box:**

School or Child Related Group or Other Government Agency (i.e. Scouts, PTA) – Fee may be charge

Non-Profit Group – Fee may be charged

Commercial Enterprises (for profit groups) – Fee charged

\*\*The adults supervising children during the activity stated above must have had concussion training if the event involves competitive sports and other recreational activities, including practices. In addition, the supervising adult must have all signed acknowledgement forms from participants' guardians prior to allowing practices or events.

**I have had concussion training, proof of that training is attached and all participants have returned the concussion acknowledgement form.** (See Policy 3422)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE READ BEFORE SIGNING:** Application for use of school facilities shall be made to the District Office. It is imperative that the above said group understands that the requested dates are contingent on the need/use of any HSD program (e.g. after school, co-curricular and staff). In the case of a conflict, the group supervisor will be contacted. Board policies and school rules apply to groups or agencies using school district facilities. See Policy 4260 "Use of School Facilities".

**APPLICANT ASSURANCE:** We hereby assume full responsibility for the facilities used in compliance with the attached rules. We also agree to assume the responsibility for any public liability during the period covered by this permit. It is understood and agreed to by the applicant that this permit may be revoked or cancelled at any time with our without cause and that in the event of such revocation or cancellation, there shall be no claim or right to damages or reimbursement on account of any loss, damage or expenses whatsoever. In the event that the building is damaged during the period we use it, we agree to reimburse the district for cost of repairs. In consideration of any rental to be charged in the event that rent is due under the existing policy of the organization, (hereinafter called the obligor), legal representatives and assigns, at all times to indemnify and keep indemnified and to save harmless HSD and its directors, officers, agents and employees and each of them, and each of their successors and assigns, (hereinafter collectively called the obliges) from and against any and all claims; actions, and suites, whether groundless or otherwise, made, instituted or asserted by any person whomsoever, and from and against any and all losses, damages, costs, charges, counsel fees, payments, expenses and liabilities whatsoever, which the obliges, or any of them, shall or may sustain or incur by reason or growing out of, or in a manner relating to incidental to, the use of the facilities of the obligee by the said obligor.

**NOTE:** Please attach schedules, team names and coaches' names and phone numbers if this request is for scheduling facilities for an extended period of time.

\*\*Building Use Expectations: (such as trash/garbage, etc.) Please take away your trash after the event.

APPLICANT NAME: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BUILDING APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_ DISTRICT APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

RENTAL FEE, TRASH FEE AND/OR CUSTODIAL CHARGES: \_\_\_\_\_