

WIMBERLEY INDEPENDENT SCHOOL DISTRICT

Application and agreement
for use of school facility

DIRECTIONS:

\$50 One-time deposit required for all groups. Please complete all details of this application. All blanks must be filled in. Details not applicable to your specific event should be acknowledged with the designation N/A. An officer of the organization requesting use of the facilities must sign it. The building principal and the Maintenance Office must approve this form at least **15 days prior** to the requested date. If food service, custodian, athletic facilities, and/or theater are desired, **20 days lead-time** is necessary. Please type or print all of the information below, excluding the signatures. All School activities have precedence for any facility.

CONDITIONS OF APPLICATION:

Access to WISD facilities is the responsibility of each building principal. **Key duplication is prohibited.** In making this application, it is understood and agreed that the provision of school policy as adopted by the Board of Trustees of the Wimberley Independent School District is adhered to in every instance. **A certificate of general liability insurance shall be issued to the District prior to the use of a facility in the amount of \$1,000,000 per occurrence/\$2,000,000 aggregate with the Wimberley Independent School District listed as the additional insured party;** (Group 1 organizations are excluded from proof of insurance). A complete copy of the policy is available in the office of the building principal. Furthermore, it is agreed that all Building Use Fees, Service Personal Fees and Deposits are payable to WISD (administration office) during the first business day following the event.

The application hereby agrees and undertakes to save and hold harmless WISD, its officer, agents, and employees from any and all claims for damages, personal or otherwise that may arise out of the use of said property and without regard to whether the damage, personal or otherwise, is brought about or caused by negligence whether on the part of the applicant or the school district or both.

Neither the Leaser nor the Lessee shall be liable to the other for loss, either direct or consequential arising out of damage to or destruction of a leased premises, the building or improvement of which the leased premises are a part, or the contents of any thereof, when such losses caused by an act of God or any of the perils which are or could be included within or insured against by a form of property insurance. All such claims for any and all loss, however caused, hereby waived. Said absence of liability shall exist whether or not the damage or destruction is caused by the negligence of either party or by any of their respective agents, servants, or employees. It is the intention and agreement of both parties that the rentals reserved by this lease have been fixed in contemplation that each party shall look to his respective insurance carriers for reimbursement of any such loss, and further, that the insurance carriers involved shall not be entitled to subrogation under any circumstances against any party to this lease. Neither party shall have any interest or claim in the other's insurance policy or policies, or the proceeds thereof, unless specifically covered therein as an additional insured.

When WISD service personnel are not required for an event, the applicant is responsible for cleaning the area used. If the area is not cleaned, there will be a minimum of \$15 or \$25 per hour maximum billed to the applicant.

Date of Requested Use: _____ **Time of Requested Use:** _____ to _____

Nature of Activity _____

Admission Charged: **yes** **no**

Purpose of Proceeds: _____ **Number of People Expected:** _____

Location of Facility Use: WHS WJHS BOWEN SCUDDER ANNEX

Select Specific Area:

- | | |
|--|---|
| <input type="checkbox"/> Entire Campus | <input type="checkbox"/> Gym |
| <input type="checkbox"/> Board Room | <input type="checkbox"/> Softball Field |
| <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Baseball Field |
| <input type="checkbox"/> Classroom # _____ | <input type="checkbox"/> Sport Court |
| <input type="checkbox"/> Common Area | <input type="checkbox"/> Tennis Court |
| <input type="checkbox"/> Theatre | <input type="checkbox"/> Practice Field |
| <input type="checkbox"/> Art Room | <input type="checkbox"/> Play Ground |
| <input type="checkbox"/> Band Hall | <input type="checkbox"/> Track |
| <input type="checkbox"/> Library | |
| <input type="checkbox"/> Choir Room | |

_____ **Specific Area**

If support services or equipment will be needed, please indicate on back of application.

APPLICANT:

_____ **Please Print Full Name**

_____ **Date**

_____ **Address, zip code of organization**

BY:

_____ **Authorized Representative/ Signature**

_____ **E-Mail Address**

_____ **Home Address, Including Zip Code**

_____ **Home Phone** _____ **Office Phone**