



## FACILITY USE – APPLICATION & PERMIT

1.	Name of Applicant:(Organization, Group, Individual)						
2.	Address of Applicant:Telephone:						
3.	Represen	Representative:					
4.	Facilities Requested: Location/Address						
	Building/	Building/Room/Grounds/Special Facilities					
5.							
D	ates of Use	Days of Use	Hours of Use	Person(s) in Charge	Description of Activity	Estimated Attendance	
DE	ECLARAT	ION OF APPI	LICANT:		<u>I</u>		
<ol> <li>2.</li> <li>3.</li> </ol>	Nature of type of intended use:						
TH	by the school building, furniture, equipment, or grounds occurring through the occupancy or use of said building and or grounds by the applicant, normal wear and tear expected.  I hereby certify that I have received and read the rules, regulations, conditions, terms and that I and the applicant which I represent, will abide by them and will conform to all applicable provisions of the Constitution and laws of California and to all other rules and regulations of the Board of Education and it's authorized agents which may be communicated to the applicant and to the best of my knowledge the school property for use of which this application is hereby made will not be used for the commission of any crime or any act which is prohibited by law.  It is agreed that in the event this permit is canceled by the applicant no refund will be made and that changes in date or extension of time shall be made only as specified by the rules governing use of school facilities.						
CO: REC	STS, LOSSES GARDLESS ( CUPANCY C	S, CLAIMS, ACTIO OF CAUSE, THAT OF DISTRICT FAC	ONS, AND JUDGMI MAY ARISE IN AI ILITIES, FURNITU	ENTS ARISING FROM PERSO NYWAY FROM OR BE ALLE	JALLY AND COLLECTIVELY, FRO DNAL INJURIES, PROPERTY DAM. GED TO BE CAUSED BY THE UNI NDERSIGNED FURTHER AGREES	AGE OR OTHERWISE, DERSIGNED'S USE OR	
IN	SURANCI	E REQUIRED	OF APPLICAN	<u>VT</u> :			
<ol> <li>2.</li> <li>3.</li> </ol>	aggregated from an insurer with a financial rating of A7 or better. Liability deductible not to exceed \$2,500.  Additional Insured Provision: The Point Arena Schools, it's elected or appointed officials, employees, agents and volunteers shall be named as additional insured under the general liability policy, by endorsement to the Certificate. A separate endorsement attached to the Certificate of Insurance evidencing the additional insured coverage is required.						
Sig	gnature of A	Applicant/Repre	esentative		Date		
Approved by:					Date		