



# School District No. 10 (Arrow Lakes)

## APPLICATION FOR COMMUNITY USE OF SCHOOL FACILITIES

### PART A) TO BE COMPLETED BY THE APPLICANT:

\*ALL FIELDS MUST BE COMPLETED\*

NAME OF ORGANIZATION: \_\_\_\_\_

TYPE OF ORGANIZATION:  Commercial  Community  Non-Profit  Partner Group

SCHOOL REQUESTED: \_\_\_\_\_

ROOM, DATES AND TIMES REQUESTED:  Single Event (s)  Weekly  Monthly  Schedule Attached

ROOM /EQUIPMENT	DAY	START DATE	START TIME	FINISH TIME	FINISH DATE
<i>(Be specific, e.g. Gym, Library, Volleyball Net, etc.)</i>	<i>Saturday</i>	<i>Sept 12, 2019</i>	<i>6:00pm</i>	<i>7:00pm</i>	<i>Sept 13, 2019</i>

Will Fees, Memberships, or Admission be Charged for entry to your event?  Yes  No  
 (If yes, how much?) \$ \_\_\_\_\_ per session

Description of Use/Activity:	Special Requirements:
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Name of Community Group Representative: \_\_\_\_\_ Position with Group: \_\_\_\_\_  
 (Official in charge and on-site group leader must be 19 years of age or older.)

Community Group Address:	City:	Province:	Postal Code:
Home Telephone:	Cellular Telephone:	Email Address:	

### PART B) TO BE COMPLETED BY THE PRINCIPAL (OR DESIGNATE):

<b>ROOM RENTAL:</b> Per Appendix A - Schedule of Fees <b>Custodial charges are for opening, closing and cleaning the building</b> <b>Note:</b> If a custodian is required on a holiday or weekend in excess of 2.5 hours there will be an extra charge <b>Note:</b> District Representative/Custodian must be on premises at all times (except in cases where gym use access is arranged)	Rent	\$ _____
	Admin, Supplies & Utilities	\$ _____
	Custodial	\$ _____
	<b>TOTAL RENTAL RATE:</b>	<b>\$ _____</b>

### PART C) TO BE SIGNED BY THE COMMUNITY GROUP REPRESENTATIVE:

The Community Group agrees to the rental rate & to the terms and conditions in District Protocol G-06 Community Use of School Facilities, and understands that it is responsible for any damage to the school property

	SIGNATURE	PRINT NAME	DATE
GROUP REPRESENTATIVE			

### PART D) AUTHORIZATION:

	SIGNATURE	PRINT NAME	DATE
PRINCIPAL (SCHOOL)			
DISTRICT			



**School District No. 10 (Arrow Lakes)**

**APPLICATION FOR COMMUNITY USE OF SCHOOL FACILITIES  
WAIVER**

As the users of the \_\_\_\_\_(location), the renter recognizes that it is responsible for its own liability insurance or will provide a waiver form.

\_\_\_\_\_ (Initials)

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**WAIVER FORM**

**1. Indemnification and Hold Harmless Clause:**

**2. The \_\_\_\_\_ (User Group) shall indemnify and hold harmless the School District**

and any of its officers, employees, servants, agents and contractors from any and all loss, liability, claims or expense arising out of the use and/or occupation of the property belonging to the School to the School District by the

\_\_\_\_\_ (User Group)

and any of its officers, employees, servants, agents, contractor and volunteers, except to the extent that such loss arises from the negligence of the School District.

**3. The Board will not be responsible for any property left on the premises by the renter, its officers, employees, servants, agents, contractors, volunteers or members.**

**4. The renter hereby agrees to waive all rights or subrogation or recourse against School District No. 10 (Arrow Lakes) with respect to the use or occupation by the renter of the premises described in this agreement.**

I have read and understand the above-noted content in this

Waiver: Dated this \_\_\_\_\_ day of \_\_, 20 \_\_\_\_.

**SIGNATURE OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_**

*(must be over 19 years of age)*

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City & Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

District Authorization: \_\_\_\_\_

Date: \_\_\_\_\_