

Facilities Use Request Form

NOTICE TO ALL APPLICANTS: To operate and serve food at a public event you will need to obtain a Temporary Restaurant License from Benton County at least 10 days prior to the event: <https://www.co.benton.or.us/health> One copy of the approved license must remain on site during the event, one copy should be sent to the School Office prior to the event. Failure to obtain the inspection could result in fines from Benton County.

FACILITY REQUESTED: High School campus ____ Grade School campus ____

Room/Field/Gym _____

REQUESTED DAY(s) _____ **& DATE(s)** _____

TIME: _____ **AM / PM** **TO** _____ **AM / PM**

ACTIVITY/EVENT _____

Person/group making request _____

Person Responsible for Group _____

Address _____

Phone: Home/Cell _____ Work _____

Email Address _____

ADMISSION FEE / CHARGES PER _____

Is this a Public Event? Yes ___ No ___ If Yes, Will Food Be Served? Yes ___ No ___

If yes, attach a copy of the approved temporary restaurant license.

If you want Information on the Web Calendar and/or Reader Board complete this section:

Time activity begins: _____ Entrance charge(s) _____

Notes: _____

Refer to KG-AR for facilities use and related charges:

SCHOOL DISTRICT EMPLOYEE ON PREMISES (NAME) _____

THE SERVICES OF THE FOLLOWING PEOPLE ARE REQUESTED:

____ CUSTODIAN NAME: _____

NUMBER OF HOURS FOR THIS REQUEST: _____

NUMBER OF HOURS OVERTIME: _____ = _____

____ COOK NAME: _____

NUMBER OF HOURS FOR THIS REQUEST: _____

NUMBER OF HOURS OVERTIME: _____ = _____

TOTAL \$ _____

(Continued)

The applicant's signature on this form shall constitute evidence that he/she has read the rules and regulations of this form and that he/she agrees to observe them fully. This applicant is responsible for all of the above rules, regulations and charges.

The user of this facility agrees to comply with school district policies regarding tobacco, alcohol, and drugs. All school properties are to remain tobacco, alcohol, and drug free by all persons at all times.

In consideration of my participation in the use of Monroe School District #1J facilities, I hereby agree that the District shall not be liable for any damages arising from personal injury or property damages sustained by me in, on, or about the District premises resulting from or arising out of the use or intended use of the District facilities or equipment. I agree to assume full responsibility for any injuries which may occur to me in or about the District's premises, or while using or intending to use the District's equipment, including, but without limitation, any claims for personal injury or property damage resulting from or arising out of the negligence of the District, its agents or employees, or the negligence of any other persons present on the District's premises. Furthermore, I hereby indemnify, defend and hold Monroe School District #1J, its officers, agents and employees harmless from any claim, action, liability or cost, including attorney fees, or any other costs of defense, arising out of my use of the District's facility.

APPLICANT'S SIGNATURE _____ DATE _____

ADMINISTRATOR'S SIGNATURE _____ DATE _____