

No \_\_\_\_\_



|               |
|---------------|
| DATE RECEIVED |
|               |

### APPLICATION FOR USE OF SCHOOL FACILITIES

|  |  |
|--|--|
| SCHOOL   | ROOM(S) / AREA(S) REQUESTED  |
|  | _____  |
| DATE(S)  | DURING THE FOLLOWING HOURS OF ON-SITE TIME                             |
| _____  | Monday _____ to _____ Wednesday _____ to _____ Friday _____ to _____   |
| _____  | Tuesday _____ to _____ Thursday _____ to _____ Saturday _____ to _____ |
|  | Sunday _____ to _____  |
| APPLICANT NAME   | PHONE TITLE  |
|  |  |
| ORGANIZATION NAME  | NATURE OF ACTIVITY   |
|  |  |
|  | ADMISSION CHARGE   |
|  | <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No      |
|  | NUMBER OF PERSONS ATTENDING  |
|  | PERCENT ROCKY RIVER RESIDENTS  |
| WILL ANYTHING BE SOLD                                    | IF YES, SPECIFY ITEM AND INDICATE PRICE                                |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| WILL REFRESHMENTS BE SERVED                              | IF YES, SPECIFY LEVEL OF CLEAN UP ORGANIZATION WILL DO                 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

**FACILITIES REQUESTED:**

|  |   |
|--|---|
| <b>CHARGES:</b><br>RENTAL FEES (Does not include use of equipment, electrical outlets, audio-visual equipment unless specified.)<br>___ NONE    ___ CAFETERIA    ___ GYMNASIUM    ___ OTHER _____<br>___ AUDITORIUM    ___ CLASSROOM    ___ KITCHEN<br>EMPLOYEE FEES    ___ CUSTODIAN    ___ P.A. OPERATOR    ___ OTHER _____<br>TOTAL ESTIMATED CHARGE ..... \$ _____ | MAKE CHECKS PAYABLE TO:<br><br><b>ROCKY RIVER CITY SCHOOL DISTRICT</b><br>21600 CENTER RIDGE ROAD<br>ROCKY RIVER, OHIO 44116<br><br>ATTENTION _____ |
|--|---|

I hereby attest above information is true and that I have read and agree to condition stated on application.

\_\_\_\_\_ Name (signature)      \_\_\_\_\_ Date      \_\_\_\_\_ Address      \_\_\_\_\_ Phone

SPECIAL CONDITIONS OF APPROVAL AND STATEMENT OF FEES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|                                   |                                       |  |       |
|-----------------------------------|---------------------------------------|--|-------|
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> NOT APPROVED | _____  | _____ |
|                                   |                                       | BUILDING ADMINISTRATOR/DESIGNEE (WHERE APPLICABLE) | DATE  |
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> NOT APPROVED | _____  | _____ |
|                                   |                                       | ASSISTANT SUPERINTENDENT/DESIGNEE                  | DATE  |

I HEREBY AGREE TO HOLD MYSELF PERSONALLY RESPONSIBLE FOR SUPERVISION OF THE MEETING, FOR THE CONDUCT OF ALL PERSONS PRESENT, AND FOR ANY DAMAGE WHICH MAY RESULT TO SCHOOL PROPERTY. I FURTHER AGREE TO BE RESPONSIBLE FOR ALL CHARGES THAT MAY BE MADE. I HAVE READ AND CONCUR WITH THE CONDITIONS AS OUTLINED IN ADMINISTRATIVE DIRECTIVE 9 AND ALL APPLICABLE BOARD OF EDUCATION POLICIES. I FURTHER AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS THE ROCKY RIVER CITY SCHOOLS, ITS BOARD MEMBER AGENTS, EMPLOYEES AND REPRESENTATIVES FROM ANY AND ALL CLAIMS ARISING EITHER DIRECTLY OR INDIRECTLY FROM MY USE OR THE USE BY AGENTS, EMPLOYEES AND REPRESENTATIVES OF THE ABOVE SCHOOL FACILITIES. SUCH CLAIMS SHALL INCLUDE BUT NOT BE LIMITED TO REASONABLE ATTORNEY'S FEES AND COSTS AND EXPENSES IN DEFENDING AGAINST ANY CLAIMS, LITIGATION OR OTHER PROCEEDINGS ARISING OUT OF SAID USE.