

REQUEST FOR USE OF SCHOOL FACILITIESName of Organization: High School Student Council Number of persons in group: 50

Name, address, and telephone number of person(s) responsible for this group:

2910 Rt 9 Valatie NY 12184
Meredith Richards**School requested (check one):**High School ☒
Elem/Middle School ☐
Primary School ☐**Room requested (check one):**Kitchen ☐
Cafeteria ☐
Library ☐
Gymnasium ☒
Auditorium ☐
Athletic Field ☐
Classroom(s) ☐
Other Area ☐**Additional Equipment Needed:**tables + chairs
gearboole
Jose M.S.M
for list of Jr + SrS + Soph + Fresh
names / bdayActivity to be held: Blood Drive

Please complete the following:

DAY	START DATE	STOP DATE	TIME START	TIME STOP
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY	<u>3/2/17</u>	<u>3/2/17</u>	<u>~ 6:45</u>	<u>~ 1:30</u>
FRIDAY				
SATURDAY				
SUNDAY				

I agree to the following terms and conditions:

- I agree to comply with all district policies, procedures, rules and regulations pertaining to building/property use. (Complete rules are available in Central Office.)
- Our organization assumes any and all risk while on school grounds, and, indemnifies and releases the school district, its Board of Education, its employee, officers, agents and assigns, from any and all liability whatsoever regardless of cause as an absolute term of this facilities use.
- I have attached a certificate of liability insurance with Kinderhook Central School District as an additional named insured on my insurance policy.
- I further guaranty that I have been duly and properly authorized by the Organization to bind the organization to this agreement.
- ALL FORMS SHOULD BE SUBMITTED TO MAINTENANCE ONE WEEK BEFORE REQUESTED USE OF FACILITIES.**

Signature of responsible person

Date

Approved

Date

Copies: White – Principal *Yellow – Building Custodian* Pink – Maintenance Office *Goldenrod – Organization