

Lake Washington School District No. 414

P.O. Box 97039 Redmond, WA 98073

Application for Use of School District Facilities

I. Name Date of Request _____
 Bill to: _____
 Applicant or Organization _____ School _____

Street _____ City _____ Zip _____

Person in charge _____ Daytime Phone No. _____

II. Facilities Requested
 Check facility to be used:

<input type="checkbox"/> Small Gym	<input type="checkbox"/> Cafeteria/Kitchen	<input type="checkbox"/> Board Room	<input type="checkbox"/> Custodial Charge
<input type="checkbox"/> Gym	<input type="checkbox"/> Classroom #: _____	<input type="checkbox"/> Conference Room	Hours From _____ To _____
<input type="checkbox"/> Fieldhouse	<input type="checkbox"/> Multipurpose Room	<input type="checkbox"/> Field Lights	
<input type="checkbox"/> Theatre	<input type="checkbox"/> Locker Room/Shower	<input type="checkbox"/> Pool	
<input type="checkbox"/> Library	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Auditorium	<input type="checkbox"/> Equipment: _____		

III. Time & Dates

Dates: _____ Hours: From _____ To: _____

Dates: _____ Hours: From _____ To: _____

Dates: _____ Hours: From _____ To: _____

Day of Week: Circle Days

IV. Purpose Describe Briefly _____

A. Will admission be charged? Yes No

B. Fund Raising? Yes No

C. Primary use is for Adult Child

D. Number of People expected _____

E. How much do you expect to net? _____

F. What type of supervision will be provided? _____

V. Payment of Rental Fees
Rental Fees shall be determined by the latest established rental rates. Estimated facility use fees must be PREPAID before the building use application will be approved.

Facility Rental Fee _____	Hours x _____	Cost / Hr = \$ _____
Energy Surcharge _____	Hours x _____	Cost / Hr = \$ _____
Custodial Charge _____	Hours x _____	Cost / Hr = \$ _____

VI. Agreement and Insurance
 The applicant hereby agrees to abide by the laws of the State of Washington, King County, and by the regulations of the Lake Washington School District No. 414. It is understood these laws specifically prohibit the use of tobacco products and alcoholic beverages on district property. It is also understood and agreed by the applicant that this permit may be revoked or cancelled by the Lake Washington School District No. 414 at any time with or without cause. The applicant agrees to protect, indemnify and save harmless the Lake Washington School District, the School Board, District employees, and volunteers from any and all claims, liabilities, damages, or rights of action directly or indirectly growing out of the use of the premises covered by this application.

It is understood that in the event of damage arising from the use of the facility the applicant will be held responsible for all expenses incurred by the district and billed accordingly. The user is required to provide evidence of a Comprehensive General Liability insurance policy naming the Lake Washington School District as an additional insured with an additional insured endorsement. This policy shall be procured at the user's expense. The policy will provide primary coverage with written limits of not less than \$1,000,000, Combined Single Limits per occurrence. Coverage cannot be cancelled or reduced without thirty (30) days written notice to the District.

The Certificate of Insurance evidencing the coverage with an additional insured endorsement naming the Lake Washington School District as an additional insured must be submitted to the Risk Management Department.

For complete insurance requirements see Section II part 7, of the Rules and Regulations of Community Use of School Facilities.

I have read the rules and regulations above and on the reverse side of this form and agree with the established guidelines and requirements.

Authorized Signature _____ Date _____

<p>FOR DISTRICT USE ONLY</p> <p style="text-align: center;">_____ APPROVED _____ NOT APPROVED</p> <p>PRINCIPAL'S SIGNATURE _____ DATE _____</p> <p>SSC ADMINISTRATOR (JUNE 15-AUGUST 31) _____ DATE _____</p> <p>ACCOUNTING APPROVAL _____ DATE _____</p> <p>EVIDENCE OF INSURANCE REQUIRED YES _____ NO _____</p>	<p>ACCOUNTING USE ONLY</p>
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PLEASE CHECK USER CLASSIFICATION

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SEE REVERSE SIDE

APPLICATION NUMBER _____

1247 (4/2004) Accounting-White Custodian-Canary School-Pink Applicant-Goldenrod