

SAUSALITO MARIN CITY SCHOOL DISTRICT
 630 NEVADA STREET
 SAUSALITO CA 94965
 415-332-3190
 FACILITIES USE APPLICATION

1. Facilities Requested: Location _____
2. Building/Room/Grounds/special Facilities _____
3. Name of Applicant _____
 (Organization, Group or Individual)
4. Address of Applicant _____
5. Representative Phone: Day _____ Evening _____

Dates of Use	Days of Use	Hours of Use	Persons in Charge	Description of Activity	Est Attend

DECLARATION OF APPLICANT

1. Nature or type of intended use: _____
2. Applicant has received or will receive for the activities herein listed contributions, cash collections, registration fees, admission fees, tuition, donations or other receipts estimated in the amount of \$ _____. If no receipts are anticipated for these activities, check here ().
3. Receipts set forth in Item 2 above will be used for: _____.
4. I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant for any damages sustained by the school building, furniture, equipment or grounds occurring through the occupancy or use of said building and/or grounds by the applicant, normal wear and tear expected.
5. If extra "clean up" work is required by the usage, it is agreed the using organization will pay for the custodial time even though this charge may not appear under the statement of charges.
6. I hereby certify that I have received and read the rules, regulations, conditions and terms, including those on the reverse side of this application and that I and the applicant which I represent, will abide by them and will conform to all applicable provisions of the Constitution and the laws of California and to all other rules and regulations of the Board of Education and its authorized agents which may be communicated to the applicant.
7. Cancellations must be made at least 48 hours prior to the date of use. It is agreed that in the event this permit is not cancelled by the applicant within the specified time frame, no refund will be made and that changes in date or extension of time shall be made only as specified by the rules governing use of the school facilities.
8. In executing this declaration, I certify that I have been duly authorized by the herein set forth applicant to act in its behalf in making application for use of said facilities.
9. The undersigned states that to the best of his knowledge the school property for use of which application is hereby made will not be used for the commission of any act intended to further any program or movement the purpose which is to accomplish to overthrow the Government of the United States by force, violence or other unlawful means and that to the best of his/her knowledge it is not a communist action organization required by law to be registered with the Attorney General of the United States.

HOLD HARMLESS & INDEMNIFICATION AGREEMENT

THE UNDERSIGNED AGREES TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE SAUSALITO MARIN CITY SCHOOL DISTRICT, ITS BOARD OF TRUSTEES, AGENTS AND EMPLOYEES, INDIVIDUALLY AND COLLECTIVELY, FROM AND AGAINST ALL COSTS, LOSSES, CLAIMS, ACTIONS, AND JUDGEMENTS ARISING FROM PERSONAL INJURIES, PROPERTY DAMAGE OR OTHERWISE, HOWEVER CAUSED, THAT MAY ARISE FROM OR BE ALLEGED TO BE CAUSED BY THE UNDERSIGNED'S USE OR OCCUPANCY OF DISTRICT FACILITIES, FURNITURE OR EQUIPMENT. THE UNDERSIGNED FURTHER AGREES TO PROVIDE A CERTIFICATE OF INSURANCE FOR LIABILITY COVERAGE SATISFACTORY TO THE DISTRICT, DISTRICT AS ADDITIONAL INSURED.

Signature of Representative _____ Date _____

Signature of Site Administrator _____ Date _____

DO NOT WRITE BELOW THIS LINE

1. TERMS – Estimated fee payable with application. Additional fees will be billed within 30 days after the event.
2. PAYMENTS – Payable to Sausalito Marin City School District. Failure to comply with the terms will be cause to deny use.
3. Insurance Received _____ 1. Authorization for Custodial Services
4. Application Fee \$ _____ YES _____ NO _____
5. Usage Fee \$ _____ 2. Other Services
6. Balance Due \$ _____ YES _____ NO _____
7. Control Number _____ Describe: _____