

BELMONT-REDWOOD SHORES SCHOOL DISTRICT
School Facility Use Application

Applicant to Complete 1-10

1. School: _____ Area/Space: _____
2. Date(s) of Use: _____ Hours of Use: (in) _____ to (out) _____
3. Special Instructions/Needs: _____
4. Requesting Organization: _____
5. Type of Function: _____ Expected Attendance: _____
6. Contact Person: _____ Title: _____
 Address: _____ City: _____ Zip: _____
 Phone: Home _____ Work _____ Cell _____

7. **Save Harmless**

"User agrees to indemnify and save harmless the Belmont-Redwood Shores School District, its school board, officers, agents, employees and servants from all claims, suits or actions of every name, kind and description, brought for, or on account of any kind whatsoever and to whomsoever belonging, including but not limited to the concurrent active or passive negligence of the District, its school board, officers, agents, or employees and servants, while in, upon or in any way connected with the premises during the term of this permit or any extension thereof, provided that this shall not apply to injuries for which the District has been found in a court of competent jurisdiction, to be solely liable by reason of its own negligence or willful misconduct. The duty of the user to indemnify and save harmless, as set forth herein, shall include the duty to defend as established in Section 2778 of the California Civil Code."

8. **Insurance** – As a condition to use District facilities, user shall provide to District a Certificate of Insurance and Additional Insured Endorsement with liability coverage of \$1,000,000 per occurrence. This document is to be attached to this application.
9. **Non-Profit Status:** If your organization maintains a non-profit status, you must provide a copy of the letter certifying your organization has a non-profit status (IRS Code Sec. 503).
10. Signature: _____ Date Application Submitted: _____
 CALIFORNIA EDUCATION CODE PROHIBITS THE USE OF TOBACCO AND ALCOHOL ON SCHOOL GROUNDS

Principal to Complete

11. Custodial Services:
 Not Required: _____ Required: _____ Custodian Assigned: _____
12. Site Administrator's Signature _____ Date: _____ Denied _____ Approved _____
13. Forward application to District Office, Attention: Assistant Superintendent, Business Services & Operations.

Assistant Superintendent, Business Services & Operations to Complete

14. Fee Calculation:

HOURLY RATES REFLECT THE COST PER HOUR PER CLASSROOM, FOR MUR, AND FOR GYM				
	<u>Exempt Group</u>	<u>Non-Profit Group</u>	<u>Other Groups</u>	<u>Custodial Charge (after hours/weekend)</u>
Classroom/Library	-0-	\$38.00/hour	\$62.00/hour	\$55/hour (minimum 2 hour charge)
Ralston Gym	-0-	\$92.00/hour	\$142.00/hour	\$55/hour (minimum 2 hour charge)
MU Room	-0-	\$50.00/hour	\$70.00/hour	\$55 hour (minimum 2 hour charge)

Number of Hours: _____ Applicable Rate: _____ Custodial Fee: _____

TOTAL FEE: _____

(Long-Term Rentals (longer than 2 weeks) 50% deposit required - Payable 2 weeks in advance of rental term beginning.

15. District Office Approval: _____ Date: _____
 Approved copy will be forwarded to: Principal, Applicant, Business Manager, Accounts Receivable for billing Revised - 07/01/2009