

**ST. JOHNS COUNTY SCHOOL DISTRICT
FACILITY USE REQUEST FORM**

School: _____ Date of Request: _____

Date of event: _____ Beginning/Ending time of event: _____

Name of requesting organization: _____

Organization Representative: _____ Contact Number(s): _____

Organization Mailing Address: _____

City _____ State _____ Zip _____

General Liability Insurance Coverage* (yes) _____ (no) _____

Insurance Company: _____ Policy Number: _____

Type of activity/event: _____

Approximate number of people expected to attend: _____

Type and number of facility/room(s) needed (i.e., classroom, auditorium, etc.): _____

Special needs/requests for event: _____

Minimum Costs/In-Kind agreement associated with this event: _____

I HEREBY CERTIFY that I have received, read, and affirm the attached St. Johns County School Board Rule 9.04 attached hereto as Appendix A. I will be responsible for this activity from beginning arrangements through final cleanup and restoring the facility to its original state.

Signature of Organization Representative

Date

Signature of School Principal

Date

*Please refer to Paragraph 9 of Appendix A (Rule 9.04) for specific insurance requirements.

RELEASE AND INDEMNIFICATION AGREEMENT

In consideration for the use of _____, _____
provide description of premise/facility name of requesting party
does, for itself, its agents, officers, employees, successors and assigns, hereby release, indemnify, hold harmless, and forever discharge the St. Johns County School Board and the St. Johns County School District (collectively, the "School Board"), its agents, officers, employees, successors and assigns from and against any and all claims, causes of action, demands, damages or losses of any kind, resulting from and imposed upon, incurred by or asserted against the School Board, its agents officers, employees, successors and assigns, arising from or related to services furnished or property used by _____, including claims of negligence, except for cases in which the School Board is name of requesting party found to be solely negligent.

This release covers all claims and damages, whether or not contemplated at the present time.

Dated this ____ day of _____, 20____

By: _____

THE FOREGOING instrument was acknowledged before me this _____ day of _____, 20____ by _____ on behalf who (_____) is personally known or (_____) has produced _____ Driver's License number _____ as identification.

Notary Public

Name of Notary Typed/Printed/Stamped
Commission Number:
Commission Expires:

-----**DISTRICT USE ONLY**-----

ATTACHED COPY OF INSURANCE CERTIFICATE: (yes)_____ (no)_____ Reviewed_____

ASSIGNED EMPLOYEE: _____

IN-KIND AGREEMENT: _____

RISK MANAGER/DESIGNEE SIGNATURE _____

USE OF FACILITY APPROVED: (yes)_____ (no)_____ DATE: _____

DIRECTOR FOR PURCHASING/DESIGNEE SIGNATURE _____