

MAINE SCHOOL ADMINISTRATIVE DISTRICT #33

Facilities Use Agreement

Request for: _____ Room: _____
(Building)

Requested Date: _____ Time: _____

Event or Purpose: _____

Sponsoring Organization: _____

Responsible Individual: _____

Special Conditions: (To be discussed and approved by the Principal)

_____ Custodial _____

_____ Security _____

_____ Cafeteria _____

_____ Supervision _____

_____ Equipment _____

_____ Liability Insurance _____

A Certificate of Insurance must be attached.

_____ Health Insurance _____

_____ Signed Waiver for Others _____

_____ Fee _____

_____ Other _____

My signature on this agreement signifies that I:

1. Have received and reviewed the *Community Use of School Facilities* policy governing the use of school facilities and agree to the stated procedures and conditions.
2. Understand and agree to adhere to the special conditions of this agreement.
3. Will return all requested signed waivers to the Principal's Office before using the facilities.
4. Will be present before the activity is due to start and remain with the group until all have left.

Responsible Individual: _____ Date: _____
(Signature)

Principal's Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____

Facilities will not be reserved until approval of this agreement.