



Craig Dougherty, Superintendent

Administrative Offices
201 N. Connor, Suite 100
Sheridan, WY 82801
Phone: (307) 674-7405

FACILITY / AREA TO BE USED:
(State building, field, etc.)

NAME OF PERSON or ORGANIZATION MAKING REQUEST (hereinafter referred to as "USER")

Responsible Person: Today's Date:
(Must be 18)

Organization: Phone:

Address: Email:
(Location to send invoice)

Event Description:

Estimated Attendance: Total Duration: Frequency:
(Hours, Days, Weeks) (Hours/Day, Days/Year, Weeks/Year)

Start Date: End Date:

Time(s):

Equipment Requested:

Set Up/Assistance Requested:

Tear Down Requested:

TERMS AND CONDITIONS OF USE

Facilities Usage Fee. Refer to Facility Fee Schedule A and B

District Rules. User assumes the responsibility for the supervision of participants and care of facilities. User will read and follow all applicable Sheridan County School District #2 (SCSD2) policies, including Policy KF-Community Use of School Facilities.

Participants are restricted to the portion of the facility identified in this request and may use the facilities only on the days, dates, and times listed on this request.

At the discretion of the District the User may be issued a key. User is personally accountable for the keys issued and may not give the keys to any other individual. Keys may not be duplicated and are the responsibility of the User. For lost keys the User will be charged the amount necessary to retain proper security to our facilities which may range from a single key or FOB to changing many locksets.

SCSD#2 rules concerning alcohol, tobacco, and controlled substances shall be enforced by the sponsor.

User must provide supervision of all participants to ensure that vandalism, inappropriate behavior, and unsafe activities do not occur.

User shall be accountable for the general cleanliness of the facility after its use. District custodial staff will be assigned to this event and a rate charged per District guidelines.

User will be financially responsible for property damage, vandalism, etc. that the User inflicts on any facility due to abuse or neglect.

Insurance. Prior to use of the facility, User shall secure and continuously carry with an insurance company or companies acceptable to the District a general liability insurance policy to protect against and from all loss by reason of injury to the persons or damages to property. Such insurance shall include provisions that such insurance is primary insurance with respect to the interests of the School District. Minimum coverage to include: \$1,000,000 per occurrence with a minimum of \$1,000,000 aggregate. A certificate in form satisfactory to the issuance of such insurance shall be furnished to the District upon request.



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Indemnification. User agrees to defend, save, and hold SCSD#2 harmless from any claim, liability, damage or injury and shall indemnify SCSD#2 for any damages or costs incurred for or on account of any claim, liability, damage or injury to any person or to the property of any person, arising from the Organization's use of the School District's property.

Release. To the maximum extent permitted by law, User releases, waives and discharges SCSD#2, its trustees, employees, agents, and representatives from all liability for any and all loss or damage arising out of or related to User's use of SCSD#2 property, including without limitation, loss or damage arising from the condition of SCSD#2 premises, and User agrees that SCSD#2 shall have no liability for such loss or damage resulting from User's presence and actions.

User Responsibilities

- Treat all facilities with care and safety.
- Do not leave children unsupervised in the facility.
- Always leave facility as clean as or better than when you arrived.
- Use appropriate equipment/attire specific to the area of use.
- Everyone must stay in the area being utilized (no wandering the halls, classrooms, etc.).
- Report any accidents or damage to the school custodian immediately.
- Do not use unauthorized school equipment.
- Do not allow anyone other than your immediate group in the building.

Termination. SCSD#2 may terminate this agreement prior to its ending date. Failure to comply with any aspect of this policy may result in immediate termination and/or denial of future use.

INSURANCE INFORMATION

Insurance Company: _____ Policy Number _____

Coverage Dates: _____

 Signature of User

 Date

For Admin Use

Short Term Activities	
Days Requested _____	Hours Requested _____
Day Rate _____	Hour Rate _____
Cost (Days X Rate) _____	Cost (Hrs X Rate) _____
Personnel Hours _____	
District Rate/Hour \$ 40.00	TOTAL COST _____
Personnel Cost _____	

Long Term Activities	
Days Requested _____	Weeks Requested _____
Day Rate _____	Week Rate _____
Cost (Days X Rate) _____	Cost (Wks X Rate) _____
Personnel Hours _____	
District Rate/Hour \$ 40.00	TOTAL COST _____
Personnel Cost _____	

Invoice Amount: _____ Approved By: _____ Date: _____