

Application for Community Use of School Facilities

The approval of the Principal or designate responsible for the site being rented is required for every Facility/Grounds Rental Contract. Please ensure that the [Communicable Disease Event Booking Checklist for Community Use](#) is completed along with this application.

1) TO BE COMPLETED BY THE APPLICANT:

SCHOOL REQUESTED: _____

AREAS, DATES AND TIMES REQUESTED: Please be specific when indicating room or equipment - ie; Classroom A101, Gum. Library, Projector, Volleyball Net, etc.

REQUESTED DAY(S) REQUIRED AS: Single Event(s) Weekly Monthly

AREA(S) / EQUIPMENT	DAY	START DATE	START TIME	FINISH TIME	FINISH DATE
(Example): Gym	Saturday	Sept 11, 2021	6:00 pm	7:00 pm	Sept 11, 2021

Will Fees, Memberships, or Admission be Charged? (if yes, how much) <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ per session	
Description of Use/Activity: _____	Special Requirements: Heat for Weekend: _____ Building Key: _____ Alarm Code: _____ Other: _____
Is the Group a Registered Non-profit? ___ Yes ___ No (If yes, you must provide registration number along with a copy of the certificate registering your group as non-profit)	

NAME OF RENTAL GROUP: _____			
Name of Official in Charge: _____ Position with Group: _____ Official in charge and on site group leader must be 19 years of age or older.		On Site group Leader: (if different from official in charge)	
Address: _____	City: _____	Province: _____	Postal Code: _____
Home Telephone: _____	Cellular Telephone: _____	Work Telephone: _____	
Fax Number: _____	Email Address: _____		
EMERGENCY CONTACT PERSON:			
Home Telephone: _____		Cellular Telephone: _____	

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2) TO BE COMPLETED BY THE PRINCIPAL (OR DESIGNATE):

ROOM RENTAL. (Revenue to stay at the school)

Room, Equipment & Grounds Description:	# of Days	Rate	Total
School Total:			

EXTRA STAFFING (Revenue to be forwarded to the Operations Department)

Extra Custodial or Other Time:	# of Hours	Rate	Total
District Total:			

NOTE that for evening use, the Custodial shift at this facility ends at _____PM.

All user group members must exit the building at least one hour before that time.

3) By signing this application, the rental group understands that it is responsible for any damage to the school property. The school district Waiver Form must also be completed

The rental group also agrees to abide by school district policy as posted at <https://www.sd8.bc.ca/board/policies>

SIGNED BY:

RENTAL GROUP

SCHOOL PRINCIPAL OR DESIGNATE:

Signature:

Signature:

Print Name:

Print Name:

SCHOOL USE			
SFE Vacancy created for Extra Custodial?		Work Order created for other requirements?	
Work Order created for Weekend Heat?		User has signed for Key and Alarm code?	



School District No. 8 Kootenay Lake
811 Stanley St
Nelson BC V1L 1N8

As users of the _____ (Location), the renter recognize that it is responsible for its own liability insurance or will provide a waiver form.

WAIVER FORM

Indemnification and Hold Harmless Clause:

- 1) The _____ (User Group) shall indemnify and hold harmless the School district and any of its officers, employees, servants, agents and contractors from any and all loss, liability, claims or expense arising out of the use and/or occupation of the property belonging to the School District by the _____ (User Group) and any of its officers, employees, servants, agents, contractors and volunteers, except to the extent that such loss arises from the negligence of the School District.
- 2) The Board will not be responsible for any property left on the premises by the renter, its officers, employees, servants, agents, contractors, volunteers or members.
- 3) The renter hereby agrees to waive all rights or subrogation or recourse against School District No. 8 Kootenay Lake with respect to the use or occupation by the renter of the premises described in this agreement.

I have read and understand the above-noted content in this Waiver.

Dated this _____ day of _____, 20 _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____
(must be over 19 years of age)

NAME (Please print): _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ CELL PHONE: _____

SCHOOL DISTRICT AUTHORIZED SIGNATURE: _____

NAME: _____ DATE: _____