

## Bayshore Elementary School District Facilities Use Application

**Note: The application will be denied unless all sections are completed.**

1. Name of School or District Facility \_\_\_\_\_
2. Type of Facility, e.g., classroom, multiuse room, library \_\_\_\_\_
3. Date(s) of Use (attach separate page if additional space needed) \_\_\_\_\_  
\_\_\_\_\_
4. Starting Time \_\_\_\_\_ Ending Time \_\_\_\_\_
5. Estimated Attendance \_\_\_\_\_
6. Will admission require the payment of a fee or donation, or will the facilities be used for fundraising activities?  
*Mark only one box*  Yes  No
7. Use of facilities will incur a 2-hour minimum custodial fee charge. Facility use of 1 day or more, a custodial fee will be discussed with the District Representative. *Initial here* \_\_\_\_\_
8. Name of Requesting Organization \_\_\_\_\_
9. Type of Organization  
See Group Descriptions on Fee Schedule. Nonprofit organizations will need to provide verification of nonprofit status by submitting an IRS Tax Exempt Letter.  
*Mark only one box*  
 Bayshore or Bayshore related organization       Non-profit youth organization  
 Non-profit organization (other than youth)       For-profit organization  
 Individual       Other
10. Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Contact Person \_\_\_\_\_
12. Contact Phone Number \_\_\_\_\_
13. Contact email Address \_\_\_\_\_

14. I understand that, as a condition to use District facilities, the user is required to provide a Certificate of Insurance naming Bayshore Elementary School District as a Certificate Holder and Additional Insured.

*Initial here.* \_\_\_\_\_

15. I understand that California Education Code and District policies prohibit the use of tobacco and alcohol on school grounds at all times. *Initial here.* \_\_\_\_\_

16. On behalf of myself or my organization, I agree that the facility user will indemnify and save harmless the Bayshore Elementary 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 the facility use 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.

*Initial here.* \_\_\_\_\_

17. I have reviewed the current District Facilities Use Fee Schedule and agree to the hourly rates for facilities use and custodial services. *Initial here.* \_\_\_\_\_

18. I understand that my facilities use permit will not be approved until I submit the total fee and any required documentation. Once the facilities use permit has been approved, it will be subject to a cancellation fee of \$25 to compensate the District for administrative costs associated with the issuance of the permit.

*Initial here.* \_\_\_\_\_

19. By signing my name below, I represent that I am authorized to sign on behalf of the requesting organization or I am signing on my own behalf, and I agree to bind the requesting organization or myself to the terms hereof.

\_\_\_\_\_

20. Date Submitted \_\_\_\_\_

21. Name of Principal or Site Administrator \_\_\_\_\_

22. Approval or Denial?                       **APPROVED**                       **DENIED**

23. If denied, reason \_\_\_\_\_

\_\_\_\_\_

24. Principal/Site Administrator Signature/Date \_\_\_\_\_

25. District Office Approval/Date \_\_\_\_\_