REQUEST FOR USE OF SCHOOL BUILDING(S) BY NON-SCHOOL GROUP

This request should be submitted to the District Office at least 30 days in advance of date requested. If you are requesting the use of a gymnasium, please submit the attached Guidelines for Using Sauquoit Valley Gymnasiums.

IMPORTANT: REQUIRED PAPERWORK

The following must be submitted with the Building Use Form. Building use will not be approved without a) proof of insurance OR b) completed waiver forms.

a) Proof of insurance which includes athletic participation where applicable must be attached to the Building Use Form.

b) Organizations with no access to insurance must have each participant sign the Facility Use Waiver as an alternative. Completed waivers must be submitted with the Building Use Form.

Name of organization requesting use of facilities: ________________________________

Person(s) who will be responsible and present during the use of the school facilities (school district policy requires two adults for adequate supervision/safety):

1. __________________________________________

2. __________________________________________

Request for use of (please check and name exactly what you want to use):

____ School Building (name and tell what rooms or areas)
   _____ Elementary School or _____ Middle School or _____ High School
   Rooms or Areas: ____________________________________________________________

____ School Grounds

____ School Equipment You Wish to Use

____ Special Arrangements Request (example: a table and five chairs for a panel discussion to be placed at one end of the cafeteria)

____ Additional Building Use Anticipated (i.e., bathroom facilities, etc.): ____________________________

Dates Requested:

Day(s) of Week: __________________________________________

Date(s) Requested: __________________________________________

Time: From _______ a.m./p.m. to _______ a.m./p.m.

Purpose for using the facilities: ________________________________________________

I hereby acknowledge that any loss or damage to school property occurring at the above time will be the responsibility of my organization:

Date: __________________________ Signature of Applicant: __________________________

Telephone Number: __________________________ Address: __________________________

Date of School Approval: __________________________ By: __________________________

School Administrator

Fee to be Charged: Yes _____ No _____ Amount: __________________________

Sauquoit Valley Central School District
Adopted: 01/27/04; Readopted: 10/16/07
COMMUNITY RELATIONS

FACILITY USE WAIVER

SAUQUOIT VALLEY CENTRAL SCHOOL
Sauquoit, New York  13456

TO:  Superintendent of Schools

FROM:  ____________________________
        (Print Name of Participant)

DATE:  ____________________________

I accept full responsibility for any injury to myself (or my child if he/she is the participant) while on the grounds or in any building of Sauquoit Valley Central School District for the following special activity:  __________________________________________

I will make no claims, demands, causes of action, or judgments against Sauquoit Valley Central School due to such injury.

I take full responsibility for the proper use and maintenance of facility grounds and equipment during my visit.

Signature of Participant  ____________________________

Address of Participant  ____________________________

Parent Signature if Participant is a Minor

Sauquoit Valley Central School District
Adopted:  10/10/95
Reviewed:  01/27/04