



Castle Rock School District

Request to Use Facility

Date: _____

Name of Person Making Request: _____

Phone Number of Requestor: _____

1. ____ I am requesting to use a district facility and will provide the district with a certificate of insurance that names the district as an “additional insured” as identified on the Castle Rock certificate of insurance checklist. (Principal approval only)

2. ____ I am requesting to use a district and I am requesting the School Board waive the insurance requirement. I will accept personal liability for any injury relating to my activity and I will provide the School Board with documentation that I have informed all participants and/or the parents of “minor” participants that this is not a school-sponsored activity and that I am accepting personal liability for injury or loss related to the use of the school facility. (Board approval required – 10-day minimum processing time)

3. ____ I would like to use a school facility to conduct a not-for-profit activity with youth. I am requesting the district sponsor this activity and allow me to function as a non-paid district employee to supervise and direct the activity. I would agree to conduct this activity in the manner of other school-sponsored activities and I would complete the district-required FBI background check before the activity(ies) would begin. (Board approval required – 10-day minimum processing time)

If #1 above: _____
(Principal signature)

If #2 or #3 above: _____
(Date scheduled for Board meeting by principal)

SOUTHWEST WASHINGTON RISK MANAGEMENT INSURANCE COOPERATIVE
Use of School District Facilities for Non-District Activities
Insurance Activity
Castle Rock School District #401 Application

1. Name of organization: _____
2. Name of responsible adult (during use): _____
3. Address: _____
4. Phone: (home) _____ (work) _____
5. Facilities requested to be used (please be specific in what you want to use)

6. Date(s) requested: _____ (not to exceed 3 month period)
7. Time entering facility: _____ Time leaving facility: _____
8. Purpose of use (type of activity): _____
9. Number in group to use facilities: _____
K-6 grade _____ 7-12 grade _____ Adults _____ Total _____
10. List district equipment to be used: _____
11. Will an admission fee be charged? _____
12. What is the plan for supervision of the event? _____
13. How will parking be supervised and how will school property laws be monitored?

14. I, _____ (name) have provided an insurance certificate that agrees to defend, indemnify and hold harmless the Castle Rock School District, its school board, administrators, employees, volunteers and agents from any and all claims, injuries, damages, causes of action, losses, costs (including attorney's fees and costs), suits or judgments due to bodily injuries, personal injuries and/or property damage arising directly or indirectly out of the use of the district's facilities for the activity noted above. I will inspect the facility prior to use and agree not to use any facility that is not maintained to a standard appropriate for the planned activity.
15. Applicant's Signature: _____ Date: _____

SOUTHWEST WASHINGTON RISK MANAGEMENT INSURANCE COOPERATIVE
Use of School District Facilities and Request for School Board to Waive Insurance Requirement
Castle Rock School District #401

1. Name of organization: _____
2. Name of responsible adult (during use): _____
3. Address: _____
4. Phone: (home) _____ (work) _____
5. Reason that a waiver of insurance is being requested:

6. Facilities requested to be used (please be specific in what you want to use)

7. Date(s) requested: _____ (not to exceed 3 month period)
8. Time entering facility: _____ Time leaving facility: _____
9. Purpose of use (type of activity): _____
10. Number in group to use facilities: _____
K-6 grade _____ 7-12 grade _____ Adults _____ Total _____
11. List district equipment to be used: _____
12. Will an admission fee be charged? _____
13. What is the plan for supervision of the event? _____
14. How will parking be supervised and how will school property laws be monitored?

15. Who is the required "FBI fingerprint-cleared" supervisor for this event if participants include children? _____
16. I, _____ (name) have provided an insurance certificate that agrees to defend, indemnify and hold harmless the Castle Rock School District, its school board, administrators, employees, volunteers and agents from any and all claims, injuries, damages, causes of action, losses, costs (including attorney's fees and costs), suits or judgments due to bodily injuries, personal injuries and/or property damage arising directly or indirectly out of the use of the district's facilities for the activity noted above. I will inspect the facility prior to use and agree not to use any facility that is not maintained to a standard appropriate for the planned activity. I further agree to provide documentation to the School Board that all participants (and parents of minor-aged children) have signed acknowledgment that this is not a school-sponsored activity and that I am assuming personal liability for injury of participants and/or damage to the facility.
17. Applicant's Signature: _____ Date: _____

SOUTHWEST WASHINGTON RISK MANAGEMENT INSURANCE COOPERATIVE
Use of School District Facilities for Non-District Activities
Castle Rock School District #401

FOR OFFICE USE ONLY

1. Application for use has been:
_____ Approved by the building principal (go to #3)
_____ Denied (go to #2)

2. If denied, state reason(s): _____

3. Agreed costs:

Rental	\$	_____
Custodial	\$	_____
Other	\$	_____
TOTAL	\$	_____

4. Evidence that applicant has insurance for event (Certificate of Insurance):
Certificate issued on _____
Not required (state reason) _____

5. Name(s) of applicant's responsible adult(s), supervisor(s), chaperone(s), crowd control personnel: _____

6. Is the presence of a law enforcement official required?: _____ yes _____ no

7. Is serving food involved? _____ yes _____ no

8. Has the application (hold harmless agreement) been signed? _____ yes _____ no

9. Custodial staff notified on _____
Who was notified: _____ and by whom: _____

10. What is the plan for cleanup? _____

Administrator Signature

Date