

Ore City Independent School District
Facility Use Application for: NON-SCHOOL GROUPS

Name of Organization: _____	
Contact Person: _____	Contact Phone: _____
Facility Requested: _____	Date Requested: _____
Reason for Use : _____	
Time In: _____	Time Out: _____

Request is subject to the following conditions:

1. **Requestor will pay \$100.00 rental fee if facility is for personal use. Advance payment of the rental fee must be made to Ore City ISD before the facility will be used.**
2. Requestor using the facility shall not allow the possession or use of alcohol, firearms, or illegal drugs, or the use of tobacco products, on District property and agrees that its use of the facility will be consistent with state law and local policy.
3. Ore City ISD retains the right to revoke its permission to use the facility at any time it determines that the scheduled use will conflict with instructional or extracurricular activities, will damage or threatens to damage school property, or will violate school policy or administrative regulations.
4. The Requestor accepts full responsibility for protecting school property and equipment and assumes any and all liability for repairs or replacement or for any damage done to buildings, equipment, or other school property used by the Requestor.
5. The Requestor is responsible for restoring the facility to its original state after use. No district owned equipment may be used or removed from the facility or other alterations made to the facility without the specific written authorization of the Superintendent or designee at least two days before scheduled used.
6. That the District may revoke its permission to use the facility at any time it is determined that requestor's use creates instructional conflicts, damages or threatens to damage school property, or violates Board policy and/or administrative regulations.
7. Requestor is responsible for checking out the appropriate key(s) at least one day in advance and is responsible for returning the appropriate key the following school day. **There is a \$20.00 key deposit that will be refunded when the key is checked back in.**
8. Requestor is responsible for contacting the central office at least one week in advance for request of special needs.
9. Requestor assumes full responsibility for the conduct of any and all persons using or present in the facility during the time of usage.
10. **For Cafeteria Rental:** does not include kitchen access with rental. Cafeteria cleaning supplies will be supplied.(i.e. Mop bucket, broom,dustpan, cleaner, and trash bags) ALL trash must be taken to the dumpster at rear of building. Plugs closest to the trophy case can be used,any other plugs will trip the breaker. Best practice is to take a before and after picture of the facility to prove to us that it was cleaned and to help for replacement of the tables. If you have an emergency please call Donna Denton 903-619-1511.
11. The Requestor agrees, to the fullest extent permitted by law, to assume all liability and to indemnify Ore City ISD, its agents, and anyone directly or indirectly employed by Ore City ISD against all damage, liability, or cost, including reasonable attorney fees and costs arising out of or in any way connected with the Requestor's use of Ore City ISD Facilities under this agreement.
 - (A) I, individually and on behalf of the Organization, WAIVE, RELEASE AND DISCHARGE the OCISD it's employees, volunteers, representatives, agents and attorneys ("Released: and,)
 - (B) I, individually and on behalf of the Organization, agree to INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Released Parties from or for any and all liabilities or claims made as Organization, or any other person(s) or entity(ies).

I acknowledge that the OCISD and their employees, volunteers, representatives, and agents are NOT responsible for any errors, omissions, acts, or failures to act of any party or entity in connection with my Organization utilizing OCISD facilities for the event.

I, _____(Organization Sponsor/Director) expressly represent and warrant that by executing this Release I have complete authority on behalf of the Organization to execute the Release as indicated by my signature.

I CERTIFY THAT I HAVE READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Signature

Date

Printed Name

FOR ADMINISTRATIVE USE	
This request is:	Approved Denied
Building Principal Signature:	_____
Athletic Director Signature:	_____
Library Dept.:	_____ Cafeteria Dept.: _____
Superintendent Signature:	_____