Elida Facility REQUEST

This Application MUST be received at least 5 working days prior to scheduled event. Send to: Kathleen Phipps 4380 Sunnydale Elida, OH 45807. fax 419-331-1656; kathleen@elida.k12.oh.us. 419-331-5864 You will receive a copy of the completed form-take it to the event with you for verification.

ORGANIZATION INFORMATION Group Name: Purpose First Name: Last Name Address: E-mail Phone #: Work # REQUESTS Location **ELEMENTARY** Choice **MIDDLE** Choice HIGH Choice Facility/Room # Attending Equipment Days, dates & Year Start/ End Time Time need access **ASSUMPTION OF RISK AGREEMENT** The undersigned representative of the participants of the above group/organization acknowledges that Elida Local School District has no insurance coverage for those individuals using school facilities and/or equipment. The group/organization participants assume responsibility for all risk of damage or injury that may occur to the users of school facilities and/or equipment/ The group/organization participants hereby release and discharge the Elida Local School District from all claims, demands, rights of causes of action, present or future, whether know, anticipated or unanticipated, and resulting from or arising out of, or incidental to, the use of Elida Local School District's facilities and/or equipment. I have read, and understand, and have signed, for foregoing assumption of risk agreement. Signature Date To be completed by Elida Schools: Classification of Group _____ _____ Total Fees \$_____ Applicable Fees: Application: Recommended () Not Recommended () School Employee Yes No Signature of Facility Coordinator ___ Date CC: **Facility Coordinator** Applicant **Building Principal Building Custodian**