

APPLICATION AND PERMIT FOR USE OF SCHOOL FACILITIES
--

NAME OF ORGANIZATION: _____ DATE: _____

REPRESENTATIVE WHO WILL BE PRESENT TO SUPERVISE THIS ACTIVITY:

<u>Name:</u>	<u>Street:</u>
<u>Phone:</u>	<u>City:</u>
<u>Purpose of Meeting:</u>	

Name of School Facility:	Date (s) Desired:	Hours Desired **	Description of Set up Needs

<u>Number of Participants:</u>	<u>Will admission fee or contributions be solicited?</u>	<u>If so, for what purpose</u>

** Times to include set up and cleaning

I certify that I have read the KENTFIELD SCHOOL DISTRICT BOARD POLICY AND ADMINISTRATIVE REGULATIONS (1330) concerning use of facilities and agree that I/we will abide by all the rules, regulations and conditions set forth therein. I understand that **no alcohol, drugs or tobacco may be consumed on District property and that violation of these regulations by any person affiliated with the organization signing this form will result in revocation of this agreement.** I am a member of the applicant organization and have written authorization from the applicant organization to make the application attached hereto, or I am an officer of the applicant organization, duly authorized to make the application and agree to the terms described herein.

By submitting its application, the applicant does hereby agree to indemnify, defend, save and hold harmless the Kentfield School District, its agents, employees, officers, and members of its Board, against any claim, demand, loss, cost, suit or expense (including reasonable attorney's fees) of whatsoever nature and kind arising from damage to person or property as a consequence of the use of the above-mentioned school property. Such agreement includes, but is not limited, to claims related to COVID-19.

By submitting its application, the above organization agrees to provide a **CERTIFICATE OF INSURANCE** evidencing Commercial General Liability and automobile coverage, on an occurrence basis, with limits not less than \$1,000,000 which names the Kentfield School District, its agents, employees, officers and members of the Board, as additional insureds. I further understand that any approval of this application will become null and void if proof of such insurance is not obtained **prior** to event(s) being requested.

Fee Schedule (eff 9/01/20)	Rate	Capacity
Bacich Community Center	\$50.00 per hour (2 hour minimum required)	400
Kent Gym/ MPR Room	\$50.00 per hour (2 hour minimum required)	400
Bacich or Kent Outdoor Basketball Court/s	\$50.00 per hour (2 hour minimum required)	
Bacich and Kent Classrooms or Library	\$40.00 per hour	30 / 40
Bacich and Kent Field Use: (20-21 rates) (Subject to a 5% increase annually)	\$40.74 per Participant per Season- whole field \$21.17 per Participant per Season-half field	

Fees in excess of \$300.00 will require a 50% deposit to hold reservation. Cancellations received within 10 days of an event will cause the deposit to be forfeited.

Additional custodial fees may apply to cover the District's additional direct costs of cleaning required due to COVID 19.

By submitting its application, the above organization agrees to reimburse the District for the cost of repairing any damage to the facilities.

By submitting its application, the above organization agrees to comply with and enforce any and all applicable laws, regulations, and orders (including, but not limited to those related to COVID-19). Such requirements may include but are not necessarily limited to social distancing and personal protection equipment.

By submitting its application, the above organization agrees that the District shall be excused from providing access to facilities whenever the District determines, in its sole discretion, that the use would be inconsistent with school purposes, unsafe, or contrary to the intent of any applicable legal restriction.

As California State Education Code requires, I state, as duly authorized representative of the above organization, that, to the best of my knowledge, the above-mentioned school property will not be used for the commission of any crime, any act which is prohibited by law. These statements are made under the penalties of perjury.

Signature: _____ Date: _____
Name: _____ Title: _____
Address: _____ Date: _____

FOR SUPERINTENDENT'S OFFICE ONLY

Fee Per Use: _____
Special Custodial Fees: _____ hours at \$45 per hour = \$ _____

Insurance Certificate Received: Date: _____

Conditions of Approval/Comments: _____

The above applicant is considered eligible to use school facilities in accordance with Kentfield School District Policies and Regulations. Approval may be granted for use as stated in this application, provided there is no conflict with school programs. All fees and estimated custodial charges stated above are applicable and due PRIOR to use.

Application is: Approved Denied

KENTFIELD SCHOOL DISTRICT

By _____
Authorized Signature Date

Original: Superintendent's Office
Duplicates: School Office
Custodian
Director of Maintenance and Operations
Signed Copy to Applicant
Business Office.