

DISTRICT FIVE SCHOOLS OF SPARTANBURG COUNTY

Application for Use of School Buildings and/or Facilities

1. General information

Requesting organization	
Individual submitting request	
Street address/P.O. number	
City	
State	
Zip	
Daytime telephone number	
Fax number	

2. Specific information regarding the request

Facility(s) requested	
Dates(s) facility needed	
Time(s) facility needed	
Purpose for request	

3. Certification of request

It is understood that upon approval of this application, the applicant will assume all liability of any property damage or bodily injury caused by the use of the facility. Applicant agrees (a) to reimburse the District for the actual costs of replacing or repairing any property that is damaged during the event, and (b) to indemnify, defend, and hold harmless the District (including its Board of Trustees and employees) from any claims, including but not limited to claims for property damages, personal or bodily injuries, losses, attorney's fees, and expenses arising as a result of the event.

In the event the applicant is a political subdivision, government agency, or any other State entity within the definition of the South Carolina Tort Claims Act (§C Code 15-78-10, et al), the applicant will keep in full force and effect the statutorily prescribed liability insurance protection and will assume liability, to the full extent allowed by South Carolina law, for any personal injury or property damage which results from the applicant's use of the facility.

All approved applications must have not less than \$500,000 liability insurance protection in effect during the period of use and will file a certificate of insurance with the school/district, if so required, on 10 days written notice, and the insurance will be subject to approval.

In submitting this request, I (we) the undersigned do certify that I (we) have read District Five Schools of Spartanburg County Policy KF and administrative rule KF-R and meet all criteria outline therein.

Signature of individual submitting request	Date
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District use only

_____ **Approved** _____ **Disapproved**
Principal _____ Date _____
Superintendent _____ Date _____
Fees _____