

**WEARE SCHOOL DISTRICT
Application for Use of Facilities**

Date: _____

Applicant: Individual/Organization: _____

Requested Building: CWES _____ WMS _____

Reason for Use: _____

Date(s) of Use: _____ **Non-Profit Organization:** Y or N

Total Time for use (include set up and clean up): From _____ To _____

Time of event: From _____ To _____ **Approximate number of people:** _____

Facility/Equipment needed: _____

Responsible Person: _____

Contact Phone numbers: _____

Email Address: _____

Mailing Address: _____

Insurance Company: _____ **Policy #:** _____

For Groups Two through Five:

Copy of the Liability Insurance Binder (circle one): *Attached* or *On File* at SAU

- The applicant is required to produce proof of insurance unless categorized as a Group 1 user. If the applicant does not have insurance or is not a member of the exempt group, insurance must be purchased naming the Weare School District as an additional insured. This certificate must be submitted at the time of application.
- Completed forms must be returned to the school **at least one month prior** to the activity date. Once approval has been given, it is the responsibility of the applicant to confirm access to the building by calling 603-529-4500 (CWES) or 603-529-7555 (WMS).
- The Responsible Person – Individual or Organization – hereby agrees to indemnify, hold harmless, and defend the Weare School District’s employees and officers against any legal

action brought about as a result of the use of the facilities. The applicant agrees to reimburse the district for any damages caused during the use of the facilities.

- The applicant understands that the following are prohibited in school facilities and on school grounds: the use of drugs, alcohol, smoking (to include smokeless tobacco and vaporizers), profane language, possession of weapons, illegal gaming, and any unlawful activity.
- As an outside user of the school facility you must announce to the group the locations of the exits from this space. Failure to do so could lead to revocation of the permit to use the building or denial of future applications.
- The applicant agrees to comply with **Community Use of School Facilities, Policy KF**, all state, local and federal laws and regulations applicable to the event and agrees that the indemnity set forth shall apply to any failure to comply with such laws and regulations.

Signature of Responsible Person **Date**

ALL FORMS MUST BE RETURNED TO THE CENTER WOODS ELEMENTARY SCHOOL OFFICE OR WEARE MIDDLE SCHOOL OFFICE ONE MONTH PRIOR TO THE SCHEDULED EVENT FOR APPROVAL.
 Phone: 603-529-4500 (CWES) or 603-529-7555 (WMS)
 Fax: 603-529-0446 (CWES) or 603-529-0464 (WMS)

For Office Use Only

Group _____ Requested Building _____

Custodial Staff needed from _____ to _____ @ \$20 per hour.

Food Service Staff needed from _____ to _____ @ \$20 per hour.

Deposit Received (Amount/Date): _____

Payment Received (Amount/Date): _____

Approval B & G: _____ Food Service Director: _____

Athletic Director: _____ F/PA Coordinator: _____

Police Detail coordinated by: _____ Date: _____

Estimate \$: _____ Date of Payment: _____

Principal Approval: _____ Date: _____

School Board Approval (Group Five Users Only): _____ Date: _____

Final coordination/approval communicated to user: _____ Date: _____