

Application for Athletic Facility Permit

CENTERVILLE HIGH SCHOOL
ATHLETIC DEPARTMENT
500 E. Franklin St., Centerville, OH 45459
Phone: 937-439-3517 FAX: 937-439-3518

Date of Rental _____

Section I - To be completed by applicant and returned to Athletic Department, 2 weeks prior to rental date:

Organization Name _____
Address _____ Zip _____
Responsible Person _____ Phone: Day _____ Evening _____
Cell Phone _____ FAX _____ Email _____
Address _____ Zip _____

Please Complete. Use other side if additional space is needed.

Building/Site 1) _____ 2) _____ Estimated Attendance _____
Date(s) Requested: ? ? ? ? ? ? ? Date From _____ To _____ Time: Begin _____ End _____
S M T W Th F S
Purpose _____

Please denote rental area requested. Provide # if more than one. Rental time is number of hours noted above, unless specified otherwise.

- ? Football Stadium ? Tennis Courts ? Gym - HS - Main ? Gym - Elementary
? Track with Lights ? Baseball Field ? Gym - HS - Aux. ? Soccer Stadium
? Track w/o Lights ? Softball Field ? Gym - Middle School ? Other (please specify)
Special Arrangements (e.g. Bleachers, Scoreboard, P.A., Athletic Equipment) _____ ? None

Food to be served Yes/No _____ Beverages to be served Yes/No _____

IMPORTANT: ONLY PEPSI products may be served at events held on Centerville City School premises (buildings and outside athletic fields) per negotiated contract. If you are serving beverages, contact the Centerville City Schools Business Office 937-433-8841 prior to ordering for your event.

Signature denotes agreement to and observance of Facilities Rental Rules and Conditions. Failure to abide by these rules may result in cancellation of the permit at any time. Signature also denotes that group and designated responsible individual agree to indemnify and hold harmless the Board of Education and its members, employees and agents from any claims and liability arising out of, or related to, the use of the facilities.

Signature of Responsible Party _____ Date _____

Section II - To be completed by Athletic Director/Designee

- 1) Estimate personnel hours needed to adequately cover this activity for estimated attendance:
Custodial personnel: # of hrs # of hrs # of hrs Custodian initials
Weekday Saturday Sunday
2) Group Classification I II III IV V
3) Estimate Personnel fees: Duty hrs. @ \$ Duty hrs. @ \$
Duty hrs. @ \$ Duty hrs. @ \$
Rental hrs. @ \$ Rental hrs. @ \$
Rental hrs. @ \$ Rental hrs. @ \$

Estimated Total Charges \$ _____

Section III - To be completed by Athletic Director/Designee

Building approval signifies that activity is acceptable.

Building Approval _____ Date _____
Athletic Director/Designee

Building contact: Phone: 937-439-3517 FAX: 937-439-3518 Email Address: ron.ullery@centerville.k12.oh.us

Upon approval, Athletic Office distributes copies of permit to: Building (and Permit Holder for permits with fees)

Proof of insurance requested _____ received _____

HOLD HARMLESS CLAUSE
(Applicant's Copy)

_____ (the community group's organizational name), in consideration of the use of the facilities of the Centerville City School District, agrees to defend, hold harmless and indemnify the Centerville City School District Board of Education, its officers, members, employees and agents in both their official and individual capacities (collectively the "Board ") from all liability, claims, demands, damages, or costs for, or arising out of _____ (the use of the particular facility, including the purpose for which the facility is used and the dates and times of its use), whether it be caused by the negligence of _____ (the community group), persons enjoying use of the facility as members or invitee of _____ (the community group), the Board or either party's agents or employees as defined in Ohio Revised Code Section 2744.01(B), or otherwise.

Date

Signature

Print Name