

SCHOOL FACILITY USE CONTRACT

School buildings and their contents are purchased by Meagher County taxpayers so every effort is made to cooperate with the residents of Meagher County to use these facilities. The investment of the taxpayers must be protected. Priority for using these facilities will be given in the following order.

- 1. School and School related activities
- 2. Local non-profit organizations
- 3. Meagher County residents

Use of the facilities and equipment is subject to the following conditions. The individual signing this form assumes responsibility for seeing that conditions are met and that payment is made when required.

- 1. No alcoholic beverages are allowed on school property including school buses.
- 2. No tobacco products are to be used on school property including school buses.
- 3. Any damage done to any part of the facility or equipment must be reimbursed at the amount determined by school administration
- 4. Only the portion of the facility requested on this form would be used unless a school official gives permission for additional areas.
- 5. The group using the facility or equipment assumes liability for any personal injuries, which occur while the facility or equipment is being used. The group agrees to reimburse legal and other expenses of the District and/or its officers if legal actions against them arise.
- 6. Custodial services required to return the facility or its equipment to regular use would be charged at \$30.00 per hour with a one-hour minimum. Charges will be assessed at the discretion of the school administration.
- 7. Items damaged or broken will be repaired or replaced and the cost to the District will be reimbursed.

The school reserves the right to cancel approval for use of the facility on short notice if unanticipated need for school use should arise.



Portion of the building being requested_____

Additional needs (AV equipment, kitchen equipment, copier, tables, chairs, and etceteras)_____

Purpose of Use_____

Dates and time (including set up and clean up or pick up and return)_____

Name of group using facility or equipment_____

Signature of responsible individual_____

Phone Numbers: Work_____ Home_____

Date of request_____ Approval by_____