

# Canton Area School District

## Request to Use: Buildings, Grounds and/or Equipment

Complete form prior  
to printing

**DIRECTIONS:** Use of the school's facilities, equipment, etc. is subject to School Board policy and **administrative rules**. All applicants must fill out this form and file it with the principal of the applicable building at least two weeks in advance of your event. This form must be filled out as complete as possible and signed by the requester. After review by the administrators involved, you will be notified of their decision and any charges or conditions. **TO AVOID CONFUSION, PLEASE BRING YOUR APPROVED COPY OF THIS FORM WITH YOU ON THE DATE OF YOUR EVENT.**

Date(s) of Use:  Date & Time of Final Event:

Days of the Week Requested:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Actual Time of Use: Begin  End  Set-Up/Clean Up Time  hrs. prior  hrs. after

Property and/or Equipment Requested  High School  Elementary School  Equipment Only

Room(s) To Be Used:  Grounds To Be Used:

Equipment Requested:  Laptop Computer  Projector  Projector Screen  DVD Player  
 Microphone  Risers  Podium  Lighting Assistance  
 Internet Access (Requires Laptop Request)  Sound Assistance (In HS Auditorium)  
 Other (Tables, Chairs, Etc)   
(attach add'l sheets if needed)

Requester's Name:  E-mail Address:

Address:  City:  State:  Zip:

Best Contact Phone:  Phone Number Supplied is:  Mobile  Home  Work

User Status: (Check all that apply)  Private  Governmental  Religious  Profit  Non-Profit

Name of Activity:

Purpose of Activity:

Do you have Liability Insurance:  Yes  No With Whom?

Initial here as your acceptance to abide by all [Rules/Regulations for Use of Buildings Grounds and Equipment](#).

In consideration for granting this use form I hereby release, waive, discharge and covenant not to sue Canton Area School District (district), its officers, servants, agents and employees (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, while using district property.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADMINISTRATIVE REVIEW AND APPROVAL**

**Principal Approval:** Yes No Conditions: \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_  
**Athl/Act. Director:** Yes No Conditions: \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_  
**Supt. Approval:** Yes No Conditions: \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

**EMS Scheduler:** Available as requested: Yes No Initials \_\_\_\_\_ Date \_\_\_\_\_  
 Event #  If No, Explain Conflict \_\_\_\_\_

**Business Manager:** Yes No Conditions & Charges: \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_  
 None  Must Provide insurance certificate naming Canton Area School District as additionally insured  
 Will be billed for:  Custodial labor hours at overtime rate  Other:  
 Cafeteria labor hours at overtime rate  
 Technology labor hours at overtime rate