

Canton Area School District

Request to Use: Buildings, Grounds and/or Equipment

[Print Form](#)**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

☐ Custodial labor hours at overtime rate ☐ Other:

☐ Will be billed for: ☐ Cafeteria labor hours at overtime rate
☐ Technology labor hours at overtime rate