

**Canton Area School District
Request to Use: Buildings, Grounds and/or Equipment**

Directions: Use of the school's facilities, equipment, etc. is subject to [School Board Policy](#). 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.) <small>(attach add'l sheets if needed)</small>						

Requesters Name:	E-mail Address:			
Address:	City:	State:	Zip:	Phone:
Purpose of Activity:	Approx. # of Participants and Spectators*			
Initial here as your acceptance to abide by all Rules/Regulations for Use of Buildings and Grounds 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

EMS Scheduler:	Available as requested:	Yes	No	Initials	_____	Date	_____
Principal Approval:		Yes	No	Initials	_____	Date	_____
Athl/Act. Director		Yes	No	Initials	_____	Date	_____
Supt. Approval:		Yes	No	Initials	_____	Date	_____
Business Manager:		Yes	No	Initials	_____	Date	_____
Notify Safety Coordinator	Information only						

ADMIN ONLY

* Groups with expected participants and spectators of 300 or more will be assessed a \$150 fee for expendable supplies