

ADRIAN PUBLIC SCHOOLS PERFORMING ARTS CENTER BUILDING USAGE PERMIT

Organization:		Permit Holder Name:	
Contact Work/Day Phone:		Contact Cell Phone:	
Email Address:		Spaces Requested:	
Address:		Name of Event:	
Time In (For Setup):		Time Out (Incl. Teardown):	
Official Event Start Time:		Official Event End Time:	
Date(s) Requested:		Approximate Attendees:	

CHECK EQUIPMENT/STAFFING NEEDS FOR YOUR EVENT:

Lighting Technician
Sound Technician
LCD Projector
Lectern

Tables # _____
Chairs # _____
Microphones# _____
DVD/VCR

Stage Manager
Stage Crew
Event Manager
Custodian

Acoustic Shells
Grand Piano
Choral Risers
Audio Recording

The person signing this permit is held personally responsible for the proper use of the building and equipment and for the supervision of any minors with the group. The permit holder must be at least 21 years old. The permit holder is responsible for any rental fees, damage, custodial fees, etc. for this permit.

I have received a copy of the Rental Rates for School Facilities and Rules and Regulations for Use of School Facilities and agree to abide by them at all times that we are using the school facilities. Failure to meet the conditions of use as stated will result in the immediate cancellation of this rental/use agreement. To the fullest extent permitted by law, sponsor agrees to defend, pay in behalf of, indemnify and hold harmless the Adrian Public School District, its elected and appointed officials, employees and volunteers and others working in behalf of the Adrian Public School District against any and all claims, demands, suits or loss including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from Adrian Public School District, its elected and appointed officials, employees, volunteers or others working in behalf of the Adrian Public School District by reason of personal injury, including bodily injury and death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with the contract. Both parties agree to a mutual waiver of subrogation.

I understand rates are subject to change without notice. I understand and agree to pay any costs associated with this event including but not limited to rent, supervisor or custodial fees. This permit is subject to cancellation should it be found that it could interfere with a scheduled school function, maintenance, unforeseen problems, if schools are closed due to inclement weather or school is not in session for other purposes.

Permit Holder's Signature _____ Date _____

Please return completed form for approval to
Emily Gifford-Theater Manager
785 Riverside Ave., Suite 1, Adrian, MI 49221
Phone: (517) 2632181 ext. 1107 Fax: (517) 265-5381
egifford@adrian.k12.mi.us

Always have your approved confirmation with you when using the facilities. Allow 7-10 business days for the permit to be processed.

Office Use Only:

Class 1 Class II Class III Permit #: _____ Rental Estimate \$ _____ Actual \$ _____

Custodial Estimate \$ _____ Actual \$ _____ Date Received: _____ Date Processed: _____ Approved

By: _____