



ADRIAN PUBLIC SCHOOLS

Tradition of Opportunities
Future of Possibilities

BUILDING PERMIT AND APPLICATION FOR USE OF SCHOOL FACILITIES

ORGANIZATION: _____

SPONSOR: _____

SPONSOR ADDRESS: _____

SPONSOR TELEPHONE NUMBER: _____

BUILDING & ROOM REQUESTED: _____

DATES REQUESTED: _____

TIMES: _____

SPECIAL NEEDS OR EQUIPMENT REQUIRED: _____

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.

I/we have read the Use of District Policy, 3304 and agree to abide by these regulations at all times I/we are using school district 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.

This building usage permit will not be honored unless the signed permit has been returned to the Operation Department prior to the date of the event.

Signature of Sponsor

Date

Please return signed permit to Jennifer Bailey at the Operation Department, 217 Race Street, Adrian, between the hours of 7:30-3:00 p.m. Phone: 517-263-0456, Fax: 517-263-2248 or email: jbailey@adrian.k12.mi.us

FEE FOR NON-SCHOOL GROUPS: _____

CUSTODIAL CHARGES:

Will be charged for custodial services directly relation to this program _____

Will be charged hourly for custodial services _____

AUTHORIZATION BY: _____

DATE: _____