

Request is:	
	Circle one
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## Facility Use Request

North Nodaway MS/HS

Please return original to: Superintendent's Office 705 E. Barnard Hopkins, MO 64468 Phone-660.778.3411 Fax-660.778.3210

Approved by:	
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Date facility needed:		
Group/Sponsor:	Key Fob Pick Up Date:	
σιουρ/ 3μοτίδοι .	Rey 100 Fick op Date.	
	Key Fob Return Date:	
Brief description of the requested facility use:		
If request is for a regular weekly/monthly time, please descr	ibe:	
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Location/Room being requested:		
Primary contact person	Secondary contact person	
Name:	Name:	
Phone:	Phone:	
Will your group need access to the building to decorate or set up before the time/day of use?  YES NO		
If so, when?		
Do you anticipate guests with special needs/ physical challenges? YES NO		
Do you anticipate guests with special needs/ physical challer If yes, please describe:	iges: 1E3 NO	
ii yes, pieuse describe.		
Will food be served? (Special permission is required) YES NO		
If yes, please describe:		
Is special room set up required? (a separate charge may apply) YES NO		
If yes, describe your needs:		
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Will there be a need for custodial services after the event? (a separate charge may apply)  YES  NO		
If yes, please describe:		
Is audiovisual equipment needed? (a separate charge may a	oply) YES NO	
If yes, please describe:		

<sup>\*</sup>If this is a tentative request, you have 10 days to confirm or your reservation will be cancelled.

## **General Conditions for Facility Use**

User agrees that the property and facilities of North Nodaway R-VI (facilities herein shall be defined as the portion of the property wherein the event is being held as well as any other parts of the campus being utilized by the group including, but not limited to, parking lots, fields, sidewalks, hallways and restrooms) shall be used only for purposes that conform to, and in a manner consistent with, federal, state and local law and the policies and procedures of the institution and only for the purposes as described herein.

- 1. User agrees to abide by all fire, safety, traffic and parking, and public safety requirements of the institution.
- 2. Smoking is not permitted in any facility.
- 3. The sale, consumption or possession of alcoholic beverages shall not be permitted on the premises at any time. Nor shall any person who is in a drunken or intoxicated condition, or who is under the influence of liguor, be permitted on the premises. The primary contact person above will be held responsible for the enforcement of this rule.
- 4. The use of profane language or gambling in any form is not permitted in any facility.
- 5. No use of equipment shall be granted unless an instructor or attendant, approved by the institution, is in charge of the rooms or equipment.
- 6. User agrees to be responsible for any damages to any facilities and/or property or injury to other persons caused by persons using the facility under this Agreement.
- 7. User agrees to indemnify, defend and hold harmless North Nodaway R-VI, its board, administrators, employees, agents and volunteers from any and all claims, suits, actions and liability arising or alleged to arise out of injuries or damages sustained by any person as a result of the use of the facility under this Agreement, notwithstanding the negligence of the institution, its board, administrators, employees, agents and volunteers.
- 8. User may or may not be required to provide proof of comprehensive general liability insurance of not less than \$2,000,000 per occurrence, which names the institution as an additional insured. The institution reserves the right to cancel this Agreement if such proof of insurance in not provided at least two weeks prior to the scheduled use and maintained throughout the use. In the event acceptable proof of insurance cannot be provided by the user, the institution can arrange for the procurement of Special Event Insurance at the rate of \$77 per event day for 1,000 or fewer participants and \$107 per event day when participants are over 1,000. Deductible is \$250 per claimant. (Institution can provide a Special Events Insurance application.) Questions can be directed to the institution or the M.U.S.I.C. Team at our insurance provider at (800)877.8218.

Estimated other fees

- 9. Failure to abide by the terms of this Agreement may result in the immediate termination of the Agreement by the institution.
- 10. This Agreement may be modified only by the written agreement of the User and the institution.

Estimated rental charge:	Estimated other fees:
Amount of payment:	Date of payment:
<ul><li>12. Cancellations are accepted up to one week prior to the facility upreparation for the use. Any refund would be reduced by those cosprior to the use.</li><li>13. The institution reserves the right to cancel this reservation if, in</li></ul>	nent is to be made by check payable to North Nodaway School District. use. A full refund will be made unless the institution has incurred costs in sts. No refund will be made for cancellations received less than one week its sole discretion, it has reason to believe that the facility use will conflict e right to change reservations to other rooms with the understanding
Signature of Primary Contact Person	Date

## Additional Conditions of use:

- o Please return any materials used to their original location and clean up any messes made by
- o Make sure all lights are turned off when you leave. One security light will remain on in the front hallway.
- o Lock classroom doors on your way out, front doors will lock automatically at use end time.
- After hours emergency contact: Principal Ashley Marriott 660-254-3324 Principal Roger Johnson 660-254-3354 or Superintendent Chris Turpin 660-254-6105