

**APPLICATION FOR USE OF SCHOOL PROPERTY  
POST FALLS SCHOOL DISTRICT NO. 273**

The undersigned hereby makes application on behalf of:

\_\_\_\_\_  
(Name of Organization or Individual)

For permission to use: **POST FALLS HIGH SCHOOL** \_\_\_\_\_ Event Time: \_\_\_\_\_  
(FACILITY)

**Please be aware that if you are requesting to use the performing arts auditorium, a technician charge of \$75/hour will be included (in addition to the regular rental fee of \$75/ hour) as part of your use agreement. Additionally, foods and drinks are prohibited inside the auditorium. Use of the auditorium is contingent on the availability of the auditorium and district technician.**

SPECIFY IF ACTIVITY IS:

One time only \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Time: \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm \_\_\_\_\_, Date: \_\_\_\_\_, 20\_\_

If continuous give beginning and ending dates \_\_\_\_\_, 20\_\_\_\_, through \_\_\_\_\_, 20\_\_

Describe activity or reason for use: \_\_\_\_\_

The activities will be held under the auspices of: \_\_\_\_\_  
(Organization)

Proceeds will be used for: \_\_\_\_\_

**PAYMENT MUST BE MADE FIVE DAYS IN ADVANCE TO AVOID CANCELLATION**

Charges for use of building, if any, will be paid by: \_\_\_\_\_

**CERTIFICATE OF INSURANCE**

A certificate of insurance in a minimum amount of \$1,000,000 must be filed with the facility five (5) days prior to any use. In order for us to fully comply with our insurance carrier's request with regard to liability insurance coverage when a district facility is being used by an outside organization, it is requested that your insurance carrier furnish the Post Falls School District with a certificate of insurance. Please have your insurance carrier include all of the following information on the certificate of insurance:

1. Name and address of the insurance agency.
2. Name and policy number of insuring company.
3. Name and address of insured as it appears on the policy.
4. The form of coverage (liability, automobile insurance, general liability).
5. Effective dates and expiration of current policy term.
6. The limits of liability shown on the policy.
7. Date certification issued and signature of authorized representative.
8. Name and address of certificate holder should read: Post Falls School District No. 273, PO Box 40, Post Falls ID 83877-0040.
9. A statement that the Post Falls School District is named as additional insured. This can be done by a separate endorsement or by typing the statement on the certificate of insurance.
10. A minimum ten (10) days notice of policy cancellation statement.

**WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**  
**With Post Falls School District No. 273**

I, \_\_\_\_\_, an agent or officer, acting for and on behalf of  
(organization making request) \_\_\_\_\_ for and in consideration of the use of the  
above named facilities do by this document agree to release and forever discharge, and further agree, to indemnify and  
hold harmless Post Falls School District #273, its agents, employees, and assigns of and from any and all manner of  
action or actions, cause or causes of action, suits, injuries or any other claims or demands, payments, judgements or  
recoveries that may arise out of our use of facilities or property of Post Falls School District #273, and we FURTHER  
AGREE that we will be responsible and pay for any damages or losses to school facilities and property caused by our  
use.

DATED this \_\_\_\_\_ day of \_\_\_\_\_. Time \_\_\_\_\_

**Attest:**

**Address:**

\_\_\_\_\_  
Signature of Person Responsible

\_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_

Telephone \_\_\_\_\_

**APPROVAL**

The above request is approved subject to the following fees and conditions:

Conditions: \_\_\_\_\_

\$ \_\_\_\_\_ Rental fee

\_\_\_\_\_

\$ \_\_\_\_\_ Technician Charge

\_\_\_\_\_

\$ \_\_\_\_\_ Custodial Fee/Other

\$ \_\_\_\_\_ Total

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official

## SPECIAL GYMNASIUM RULES

### **A message to all coaches, supervisors, players, parents, and other persons using gymnasiums owned by Post Falls School District No. 273:**

Please respect the school gymnasium you are about to use. Discuss with all members of your group or organization the special gym rules listed below. The applicant assumes responsibility for the supervision of individuals attending the activity or program.

#### **GYMNASIUM RULES:**

1. No eating or drinking in the gym.
2. No gum chewing.
3. Use only scuff-free gymnasium shoes on the hard gymnasium floors. Said shoes must be cleaned prior to use on the floor.
4. No muddy or wet shoes allowed on any gymnasium floor.
5. Students are to go home before game / practice time, unless the game or practice is directly after school.
6. Parents are to arrange pick up directly after game / practice time "NO LOITERING".
7. Sweep the entire floor clean after use.
8. Flush toilets used.
9. Turn off lights when closing up.
10. Complete gym use check list when finished.

#### **SPECIAL RULES CONCERNING INSIDE FACILITIES USE:**

Please respect the facilities you are about to use. Discuss with all members of your group or organization the special rules listed below. The applicant assumes responsibility for the supervision of individuals attending the activity or program:

1. Flush toilets used
2. Turn off lights when closing up
3. Complete check list and / or check with building custodian when the activity is completed.

These are basic rules that are to be followed including any reasonable inferences which may be drawn therefrom regarding the preservation of capital facilities of the district