

**Newman Grove Public Schools
Facility Use Application**

Applicant Name ("Applicant"): _____

Organization Name ("Organization"), if applicable: _____

Applicant's Position within Organization: _____

Address: _____

Phone Number: _____ Email: _____

Description of Requested Use: _____

Is your organization a registered 501(c)(3) or other nonprofit? Yes No

Date of Requested Use: _____ Time of Requested Use: _____ to _____

Facility/Room Request, if preferred: _____

Expected Number of Attendees: _____

Check any of the following needs which apply to your request. Note that the district may deem additional services necessary and may require the Applicant/Organization to pay for such services as a condition of use:

- Custodial (set up, tear down, sanitation)
- Kitchen/Kitchen Staff (cooking, food service, clean up)
- Technology Assistance (sound, lighting, presentation)

Liability Insurance, check applicable:

- I/we have coverage of \$1 million per occurrence and \$5 million aggregate
- I/we have other coverage: _____
- I/we have no insurance coverage

Terms and Conditions of Use:

1. All users must comply with the school board's facility use and other policies, rules, and regulations. A copy of the board's facility use policy is available upon request.
2. The facilities are closed from 10 PM to 7 AM and may not be used during those hours.
3. The user(s) named above and the individual(s) signing on behalf of the User agree to defend, indemnify, and hold harmless the school district, its employees and agents for any expense, cost, loss, damage, claim, judgment or claims bill incurred or rendered against same, including attorneys' fees and investigation expenses (pre-suit, suit, trial, appeal, and post appeal proceedings) on account of any intentional or negligent acts or omissions of the user or its employees, agents or servants, or any intentional or negligent

acts or omissions of the district or its employees, agents or servants arising out of the use of any facility under this agreement.

4. All non-governmental users may be required to provide a certificate of insurance and/or name the district as an additional insured and provide documentation evidencing general liability coverage under an occurrence basis policy, with minimum limits of \$1,000,000.00 per occurrence and \$5,000,000.00 aggregate, combined single limit coverage bodily injury, property damage, personal injury, premises, operations, products, completed operations, independent contractors, and contractual liability. There shall be no exclusions for contracted liability. All governmental users shall provide evidence of insurance or self-insurance to the limits set forth in NEB. REV. STAT. § 13-926.
5. All users are subject to the fee schedule established by the school board, and all Applicants by signing below verify that they have authority to sign this application on behalf of the listed Organization, and all individuals and agents of organizations certify that they have financial means and authorization to pay for the required fees and deposits, if any.

Applicant's Signature: _____

Date: _____

For District Use Only

Application

Denied
Approved, subject to the following

Insurance

User has provided sufficient proof of insurance.
User must obtain proof of insurance and list district as additional insured.
Insurance requirements are waived.

Additional Services Requested/Required

Custodial: \$ _____
Kitchen: \$ _____
Technology: \$ _____
None

Total Fee Required to Grant Use: \$ _____