

FACILITY USE REQUEST AND AUTHORIZATION FORM

Application No. _____
Date: ____/____/____

ORGANIZATION REQUESTING USE OF FACILITY

Name: _____ Applicant Name: _____
Address: _____ Applicant Title: _____
Zip: _____ Phone: _____ Signature: _____

PROPOSED USE OF FACILITY

Will Admission Be Charged: Yes ___ No ___

FACILITY REQUESTED

Name of School or Other Facility: _____ Facility No. _____

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Community Room | <input type="checkbox"/> Library | <input type="checkbox"/> Football/Soccer |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Gymnasium-Large | <input type="checkbox"/> Toilet Facilities | <input type="checkbox"/> Parking Area |
| <input type="checkbox"/> Cafetorium | <input type="checkbox"/> Gymnasium-Small | <input type="checkbox"/> Baseball Field | <input type="checkbox"/> Playground |
| <input type="checkbox"/> Choral/Band Room | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Basketball/Volleyball | <input type="checkbox"/> Tennis Courts-No. |
| <input type="checkbox"/> Classroom-Nos. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

REQUESTED DATES AND TIMES

| | | | |
|----------------------|--------------------|-------------------|----------------|
| Date: ____/____/____ | Day of Week: _____ | From: _____ AM/PM | to _____ AM/PM |
| Date: ____/____/____ | Day of Week: _____ | From: _____ AM/PM | to _____ AM/PM |
| Date: ____/____/____ | Day of Week: _____ | From: _____ AM/PM | to _____ AM/PM |
| Date: ____/____/____ | Day of Week: _____ | From: _____ AM/PM | to _____ AM/PM |
| Date: ____/____/____ | Day of Week: _____ | From: _____ AM/PM | to _____ AM/PM |

INSURANCE, BONDING, CLEANING AND SECURITY REQUIREMENTS

Insurance Required _____ Performance Bond _____
Non-District Clean-up _____ Non-District Security _____

FACILITY USE FEES RECOMMENDED APPROVALS

| | |
|-------------------------------------|---|
| Basic Facility Use Fee: \$ _____ | _____ |
| Food Service/Kitchen Fee: \$ _____ | Principal/Site Administrator Date: ____/____/____ |
| Other: _____ \$ _____ | _____ |
| Total facility Use Charges \$ _____ | Director of Food Service Date: ____/____/____ |

- | | |
|---|--|
| <input type="checkbox"/> Applicant | <input type="checkbox"/> Facilities |
| <input type="checkbox"/> Campus Admin. | <input type="checkbox"/> Food Serv. Dir. |
| <input type="checkbox"/> Custodial Ops. | <input type="checkbox"/> Police Services |
| <input type="checkbox"/> Energy Mgrs. | <input type="checkbox"/> _____ |

APPROVAL/AUTHORIZATION

Associate Superintendent –Operations Date: ____/____/____

FACILITY USE REQUEST AND AUTHORIZATION FORM

FOOD SERVICE REQUEST

Description of Food Services Requested: _____

Menu Specifications: _____

CAFETERIA/KITCHEN FEES

APPROVALS

Cafeteria Use Fee: ___ Hours \$ _____

Kitchen Use Fee ___ Hours \$ _____

Food: ___ x \$___/Plate \$ _____

Staff: ___x ___ Hours \$ _____

Utility and Miscellaneous Fees: \$ _____

Total Food Service/Kitchen Fee: \$ _____

Applicant/User Representative Date: ___/___/___

Food Service Supervisor/Manager Date: ___/___/___

NOTE: Cafeteria/Kitchen Fees are exclusive of Fees for use of Cafeteria, Cafetorium or related facilities for other purposes.

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TERMS AND CONDITIONS APPLICABLE TO THIS AUTHORIZATION

1. **Reserved Rights.** The use of El Paso Independent School District ("EPISD") facilities is governed by the EPISD Board Policy GKD (Local). Some of the pertinent provisions of that policy are summarized or restated here. A complete copy of Board Policy GKD (Local) is available on request. The EPISD Board of Trustees reserves the right to refuse approval of, and/or cancel, any requested use of an EPISD facility when it deems such action necessary for the best interests of the District.
2. **Indemnification.** Applicant, by submitting the Facility Use Request and Authorization Form, agrees to indemnify the EPISD, its Trustees and employees, and any persons whose property may be within the said facility, of and from any and all loss or damage to property caused by any person or persons attending the meeting or function covered by said Form, and of and from any damage or injury sustained by any person arising out of the holding of such meeting or function. Applicant agrees to indemnify, hold harmless and defend the El Paso Independent School District, its Trustees and employees, of and from any and all claims, suits or actions that may be asserted against any of them, seeking recovery for any injury, damage, or loss, of any nature whatsoever, arising out of or related to Applicant's use of the facility, even if such claimed injury, damage, or loss is attributable, in whole or in part, to the negligence of the EPISD, its Trustees or employees.
3. **Insurance.** Applicant shall furnish general liability and/or casualty insurance in such amounts as determined by the EPISD Associate Superintendent for Operations, when deemed necessary to cover participants and District property associated with the scheduled facility use. Certificates of insurance meeting the minimum requirements determined by the District must be on file with the district prior to use of District facilities.
4. **Subleasing.** Under no circumstances may District facilities be subleased by Applicant. If the Applicant's requested facility use is approved or authorized, such approval or authorization does not constitute or connote approval or authorization to any applicant or for any function, other than as specifically identified on the Facility Use Request and Authorization Form.
5. **Long-Term Contracts.** The District reserves the right to require a more formal, separate contractual license agreement for any applicant who plans to use a facility for a time period of greater than one day.
6. **Compliance with Applicable Laws.** Application agrees to comply with all deferral, state and local non-discrimination laws, including but not limited to the Americans with Disabilities Act (ADA), and that the activities conducted during and in connection with the use of the facility shall in all respects conform to all applicable legal requirements.
7. **Payment of Fees:** Applicant will pay invoices directly to the EPISD at the Office of the Associate Superintendent for Operations. No payments are to be made directly at school sites or to any other District employees, including custodial and food service personnel.