Please complete and return all copies to the building principal. The Superintendent of Schools and/or designee will approve or deny all such requests and provide a copy to the organization and to the principal of the school involved.

Name of Organization/Group___________________  □ Non Profit  Tax Exempt # __________

Date of Use____________________________    Start Time____________   End Time__________

School/Building to be used  □ BHS  □ BJHS  □ Hillside  □ Brown
Room to be used  □ Auditorium  □ Classroom  □ Gymnasium  □ Other_______________________________

Reason Facility is being used:________________________________________________________________________

Will admission be charged? If yes, how much ____________________________

For what purpose will profits be used?________________________________________________________________________

Will general public be admitted? □ Yes  □ No  If no, who will attend ________________________________________

Equipment required
□ Chairs  □ Risers  □ Sound System  □ Tables
□ Lectern  □ Theatrical Lights  □ Other:_______________________________

Names of your chaperones, supervisors, and other personnel (if any):__________________________________________

School employee responsible for the building:_______________________________________________________________

Person responsible for supervision and clean up:____________________________________________________________

Organizers of any activity not under the direct supervision of a school employee must provide a certificate of insurance endorsed to name the district as an additional insured.

Contact Person (name & address)____________________________________ Phone number______  Fax number_______

Signature________________________________________________________________________ Date______________________

---------------------------------------------DO NOT WRITE BELOW THIS LINE---------------------------------------------

Facility Available Yes  No  Approval Recommended Yes  No

Building Principal __________________________ Date____________________

The following fees are in effect:
Daily rate $100 not to exceed $300 for a single event if multiple days are requested.
Fees for custodial services may be charges.

The above application is □ Approved  □ Denied

________________________________________________________________________

Superintendent __________________________ Date____________________

Copy to( ) Superintendent ( ) Building Principal ( ) Applicant
INDEMNIFICATION
In consideration for allowing the rental of Berlin Public Schools facilities and in full recognition of the school board’s fiduciary responsibility to protect school property and assets, the lessee (organization or individual) hereby covenants and agrees at all times to indemnify and hold harmless the school district, its school board officers, and employees, to the fullest extent permitted by law, from any and all claims, damages, losses and expenses, including, but not limited to, reasonable attorneys’ fees and legal costs, arising out of the use of these rental premises and all school facilities, by the lessee, its officers, employees, agents, representatives, contracts, customers, guests, and invitees.

INSURANCE
As evidence of its financial ability to indemnify the Berlin Public Schools during the term of this agreement, lessee shall obtain and pay premiums for Commercial General Liability insurance protecting the parties hereto, their agents, officers, elected officials, representatives, or employees because of bodily injury, property damage, personal injury or products liability incurred by the parties in the performance of the terms of this lease, such policy to provide limits not less than $1 million per occurrence. A Certificate of Insurance naming Berlin Public Schools as an additional insured shall be provided three business days prior to use of facilities. Such insurance contracts shall be with companies acceptable to the Berlin Public Schools and they shall require ten (10) days prior written notice to both parties hereto of any cancellation.

TOBACCO
In acknowledgment of New Hampshire state statute (RSA 126-K:7,I) which states that, “No person shall use any tobacco product in any public educational facility or on the grounds of any public educational facility,” the lessee covenants and agrees to vigorously enforce said laws during the use of the school facilities and school premises by the lessee, its officers, employees, agents, representatives, contractors, customers, guest and invitees.

ALCOHOLIC BEVERAGES & CONTROLLED DRUGS
In acknowledgment of the school district’s strictly maintained policy against the sale, possession, use, abuse, or consumption or alcohol or of controlled drugs as defined in RSA 318-B:1, V1, or of a controlled drug analog as defined under RSA 318-B:2, V1-a, lessee covenants and agrees to vigorously enforce said policy during the use of the school facilities and school premises by the lessee, its officers, employees, agents, representatives, contractors, customers, guest and invitees.

OTHER
1. No modifications to school district facilities are permitted without prior approval of the Berlin Board of Education.
2. No animals are allowed on school grounds
3. The lessee further agrees to reimburse the Berlin Public Schools for any damage caused by their use of the facilities.
4. The lessee agrees to observe all regulations (both state and federal) relating to the use of the school facilities.
5. The lessee will utilize only the space approved by building principal.

FEES
The applicant agrees to pay one-half of the total estimated charges no later than three days prior to the activity. Checks should be made payable to the Berlin Public Schools.

I/We, the undersigned, have received, read, and agreed to the above aforementioned information and the School Board’s Community Use of School Facilities policy and accompanying administrative rules and procedures.

____________________________________________________  ______________________________
Applicant’s signature/Title/Organization                  Date
BASIC RULES AND REGULATIONS OF FACILITY USE

A. Smoking is not allowed on any school property.
B. Alcoholic beverages are not permitted on any school property.
C. Activity shall be restricted to that area for which permission is granted.
D. The activity shall not extend beyond the hours approved in the request.
E. All programs shall be planned so they do not interfere with the regular day or evening school schedule.
F. The supervisor in charge of the activity shall be present before the activities are due to start, and is to remain with the group until all have left.
G. School authorities must have free access to all rooms at all times.
H. Room(s) or facility used by applicant will be carefully examined after use. The applicant will make good promptly for any loss or damage occurring as a result of use of school property.
I. The using organization/group will be required to furnish appropriate public liability and property damage insurance.
J. No reservation will be made until this application is returned and approved by the Principal.
K. Hallways off limits unless using rest room.
L. Underage children not participating in group activity are not allowed.
M. School employees may use the facilities as a volunteer subject to availability and permission of building administrator.

I agree on behalf of the organization herein named, that all members and guests will observe the regulations, and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to school property (name property to be used)__________ during the aforementioned period of use. We also agree that our organization will at all times hereafter indemnify the above named school against any loss, damage or expense of any kind, which said school may sustain or incur because of use of the above described building by our organization, and we will further hold said school harmless for loss or injury of any kind in connection therewith.

Charges $__________payable to the Berlin Public Schools and sent to 183 Hillside Avenue, Berlin, NH 03570. Payment due by:_______________ (2 weeks from event).

Signed:_________________________________________ Date:_____________________
Organization Representative

Approved:_________________________________________ Date:_____________________
Principal/Superintendent

OR

Disapproved:______________________________________ Date:_____________________
cc: Central Office

Witness:___________________________________________ Date:_____________________

Approved:______________________________________ Date:_____________________
Principal/Superintendent

OR

Disapproved:______________________________________ Date:_____________________
cc: Central Office

Witness:___________________________________________ Date:_____________________