



HANKINSON PUBLIC SCHOOL

415 1st Avenue SE
P.O. Box 220
Hankinson, ND 58041

Phone: 701.242.7516
Fax: 701.242.7434
www.hankinsonschool.com

Facility Use Agreement

Rules: The Hankinson Public School assumes no responsibility for injuries or other liability incurred due to the activities or events by the renting party. Facilities used must be returned to their original condition of cleanliness and configuration. Damages to facility will be billed at actual cost to the district. Renter is responsible for behavior and safety of participants

Fees: \$25.00 minimum daily rental fee for gyms, classrooms, lunchroom, etc. *No charge for nonprofit organizations or recognized school groups.* User is responsible for clean-up. Custodians may be hired at users' expense for clean-up.

Date of Application: _____

Individual/group making request: _____

Purpose: _____

Requested date(s) for use: _____

Requested time(s) for use: _____

Specific Areas Requesting to use: _____

Additional needs (please describe): _____

Rental Fee: _____

Deposit (if required): _____

I understand and agree to the following conditions:

School policy does not allow for alcoholic beverages or tobacco of any kind on the premises.

I, or the group I am representing, will be responsible for any and all costs incurred, including, but not limited to, damaged property and equipment, attorney's fees, and court costs resulting from the use of the facility or equipment.

Liability Clause:

I/We agree to hold harmless Hankinson Public School District and all agents, employed or volunteer, from any claim, demand, suit, loss, cost of expense, or any damage which may be asserted or claimed. The same agree that Hankinson Public School and all agents will not be held liable or responsible for loss, theft, or damage to personal property of anyone using the facility, actively or not. This exclusion of liability extends to injury, personal or bodily and death which arises out of or is incident to or in any way connected with this contract, and regardless of claims, demands, loss, cost of expense which is caused in whole or part by the negligence of Hankinson Public School, or by third parties, agents, servants, employees or a factor of any of them.

I/We understand that I/We are assuming the responsibility for all that takes place during the course of the reserved time.

Signature: _____

Date: _____

The Hankinson Public School District reserves the right to deny request

Below to be filled out by School

_____ Approved _____ Not Approved Signature: _____

Superintendent
Mr. Chad Benson

High School Principal
Mrs. Sarah Pohl

Elementary Principal
Ms. Brittanie Watson