REQUEST FOR USE OF FRANKLIN COUNTY SCHOOLS & FACILITIES BY COMMUNITY ORGANIZATIONS

| School to be Used: | | Date Request Submitted _ | <u>-</u> | |
|--|--|--|--|--|
| Purpose of Use: _ | Expected Attendance | | | |
| | | | | |
| | Officer in Organization | | | |
| | | City | | |
| | | E-Mail | | |
| BUILDING USAGE | | | | |
| Date & Days of Use | | | | |
| Reoccurring Use | | | | |
| | | Fading Data | | |
| Starting Date Starting Time | AMF | | | |
| FEE SCHEDULE – If a | pplicable | | | |
| Area(s) Needed Classroom(s) | Room #s | | | |
| Auditorium | tala v N | \$100 per day | | |
| Stage i Sound Sys | ightYN :temYN | \$50 plus personne one fee for eithe | | |
| Cafeteria Stadium and foo Stadium and/or Use of other fac | Track – located on Dinah Shore Blvo ility, or portion of the facility, wh | \$100 per day Blvd when approved for use by local you (nothing can be placed on the athletic fi hich generates revenue for an individ charge of \$200 or 10% of net profit (| eld) - 25 % of gate receipt lual or group (exceptions are | |
| SUPERVISION – Req | uired | | | |
| Building/Facility Name of Employe Check if fee | Supervision Estimate e (who is/will be on site represer s have been waived By Whom | hours at \$17.50 per hour nting Franklin County Schools) | \$ | |
| Custodial Service | Estimate | hours at \$25.00 per hour | \$ | |
| present if the | ment to be Used Yes No (kitchen is opened) | hours at \$25.00 per hour (Hourly fee will be charged for School Nutrition serived and properly receipted at least 48 hour | | |
| | , | . , , , | : | |

Date

All organizations requesting use of Franklin County School Facilities shall submit a Certificate of Insurance at least two (2) weeks prior to the event. The Policy must name Franklin County School System as additionally insured for no less than ONE MILLION Dollars (\$1,000,000) for the Duration of the organization's use of the facility. PLEASE MARK "PUBLIC SCHOOL USE" on the Certificate along with "No Participant is Excluded."

I/We agree to be responsible for the conduct of the audience in and about the building and for any damage incurred.

I/We have reviewed the policy rules and regulations of the Franklin County Board of Education, and further agree that the school property will be used in accordance with the rules and regulations of the Franklin County Board of Education. I/We understand that no contract shall extend beyond June 30th of the current fiscal year.

I/We agree to indemnify and hold harmless the FRANKLIN COUNTY BOARD OF EDUCATION from:

- (A) Any claims, damages, costs and attorney fees for injuries arising, in part or in whole, from the organization's use of the facility described above; and
- (B) Any claims, damages, penalties, costs and attorney fees arising from any failure of the organization, its officers, employees and/or agents to observe applicable laws.

I/We further acknowledge that the Franklin County Government does not warrant that the facility requested is being currently maintained and will not be responsible for inspection and maintenance of the facility while it is being used by the requesting organization.

I/We acknowledge that all estimated fees for use of Franklin County School Facilities shall be paid in advance of use except for the percentage of gate receipts, which shall be paid not later than by one month after the event.

I/We understand that building supervision, custodial services, and school nutrition workers and cafeteria manager fees will be charged as needed for building supervision, clean up, and/or use of kitchen facilities. I/We agree to pay any unexpected amount(s) billed for these services after use of the facility.

I/We understand that when the event is over for the day, all items belonging to the group/individual must be immediately removed. The physical condition of the facility must be left as it was before the event occurred – this includes the removal of all trash.

I/We understand that the signing individual or the sponsoring group will be held responsible for all damages to the premises resulting from the event (including the use of an available AED, if applicable).

Authorized Signature

| Name and Title (Please Print) | | | |
|--|--|---------------------------|----------------------------|
| Address | | | |
| Phone number – | | | |
| Payments shall only be made to: | Franklin County Schools – Fin P. O. Box 518 / 851 Dinah Sh | • | |
| FORWA | Winchester, TN 37398 931-967-1279 | TO COULOU DRINGIDAL | |
| PRINCIPAL/SYSTEM DESIGNEE – Faci | RD COMPLETED REQUEST FORM In the second distribution of the second secon | | |
| Signature | | | Date |
| If the event is 'for profit' and a perce | ent of the gate is required, the pri | or approval of the Direct | or of Schools is required. |
| Director of Schools | Approved | Not Approved | Date |