

# BUILDING/FACILITY RENTAL APPLICATION HOUSTON COUNTY BOARD OF EDUCATION

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NAME OF PERSON/GROUP RENTING: \_\_\_\_\_

FACILITY REQUESTS: \_\_\_\_\_

RENTAL DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ to \_\_\_\_\_

PURPOSE OF RENTAL: \_\_\_\_\_

WILL THERE BE A CHARGE FOR THIS EVENT? \_\_\_\_\_ IF YES, HOW MUCH? \_\_\_\_\_

WHAT WILL THIS MONEY BE USED FOR? \_\_\_\_\_

**AVAILABLE FACILITIES AND RENTAL FEES:**

- AUDITORIUM -\$1000.00 PER OPENING
- CAFETERIA - \$500.00 PER OPENING
- MIDDLE SCHOOL GYMNASIUM - \$1000.00
- MIDDLE SCHOOL STADIUM- \$1000.00
- OTHER \_\_\_\_\_ FEE DETERMINED UPON REQUEST

PERSON RESPONSIBLE FOR PAYMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

The undersigned, individually or on behalf of the named entity, and in consideration of the temporary use of the premises, buildings, facilities or equipment of the Houston County School District, does hereby agree to indemnify and hold harmless the Houston County School District, the Houston County Board of Education, and any of its agents or employees from any and all loss or damage that may arise during or be caused in any way by the use of the facility. The undersigned specifically agrees to hold harmless and indemnify the Houston County School District for any claim, demand, or damages, to person or property, made by any event participant or spectator arising out of or during the use of the facility. Upon presentation of a statement and demand, payment shall be made within thirty (30) days to reimburse the District for any damage done to a building or any other property or equipment owned by the School District. **This application shall not be approved, and the facility shall not be available for rental unless and until a certificate of liability insurance coverage (\$1,000,000.00) is presented to the Superintendent of Schools insuring the event and showing by endorsement the Houston County School District as an additional insured.**

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PRINCIPAL: \_\_\_\_\_ DATE: \_\_\_\_\_

FACILITIES DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

- Approved – see comments       Disapproved – see comments

COMMENTS: \_\_\_\_\_

Submit Form to: [kelly.douglas@hcbe.net](mailto:kelly.douglas@hcbe.net) or Fax: (478) 988-6205 or Mail: PO Box 1850, Perry, GA 31069

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