

Ripon Unified School District  
 304 N. Acacia Avenue Ripon CA 95366 (209) 599-2131  
 Use of Facilities Agreement and Information

Name of Organization \_\_\_\_\_

Requesting Use of \_\_\_\_\_

District facilities may be reserved only by organizations or businesses operating within the Ripon Unified School District.

I understand that use of alcoholic beverages and/or tobacco products by any person is not allowed on district property.

I, the undersigned, hereby certify that I have been duly authorized to request the use of Ripon Unified School District facilities by the application organization which will be responsible for any loss as enumerated below and for any damage sustained by the school building, furniture or equipment directly attributable to the occupancy of said building; however, in the event said application is made in any individual capacity, then I will be personally responsible for any such damage.

I hereby certify, on behalf of the applicant organization, that such organization and I have read the regulations on the back of this application and will abide by the Rules and Regulations of the Board of Education of the Ripon Unified School District and that said organization and I will conform to all applicable provisions of the Constitution and Law of the State of California.

**Hold Harmless and Indemnification Agreement**

Applicant, whether individual, corporation, partnership, association, or public entity as permitted by law, agrees to hold the Ripon Unified School District, its Governing Board, the individual members thereof, and all district officers, agents, and employees free and harmless from and to fully and promptly reimburse the district for any loss, damage, liability, cost, or expense which may occur and is directly attributable to the use of the school property. Before using District facilities, the applicant agrees to furnish such liability or other insurance for the protection of and as required by the school district and to name the Ripon Unified School District as an additional insured and to consider such coverage as primary.

Name of Representative (Please Print) \_\_\_\_\_ Title/Position \_\_\_\_\_

Signature of Representative \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date Authorized by this Organization to Sign this Agreement \_\_\_\_\_

Alternate Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

DATE	REQUIREMENT
	Facilities Request Form Received at Site
	Site Approval by Principal
	Facilities Request Form Received at District Office
	District Approval by Superintendent
	Applicant Notified of Decision
	Deposit
	\$1,000,000 Liability Insurance Naming RUSD as Additional Insured
	Payment for Services and/or Equipment
	Cleared
	Return of Deposit