

MIFFLIN COUNTY SCHOOL DISTRICT
201 Eighth Street
Lewistown, PA 17044

APPLICATION FOR PERMISSION TO USE SCHOOL FACILITIES
FOR SCHOOL-RELATED ATHLETIC PRACTICE

_____ hereby makes application for use of school facilities for:
(Name of Group/Organization)

_____ Approximate number persons attending: _____
(Purpose of request)

Building Requested: _____

Area Requested: _____

Are over 50% of participants school aged Mifflin County residents? YES NO
If NO, what percent is not from Mifflin County and what county do they reside? _____

Date(s) facility requested:

Date: _____ Time: _____ (am/pm) to _____ (am/pm)
Date: _____ Time: _____ (am/pm) to _____ (am/pm)
Date: _____ Time: _____ (am/pm) to _____ (am/pm)
Date: _____ Time: _____ (am/pm) to _____ (am/pm)
Date: _____ Time: _____ (am/pm) to _____ (am/pm)
Date: _____ Time: _____ (am/pm) to _____ (am/pm)
Date: _____ Time: _____ (am/pm) to _____ (am/pm)
Date: _____ Time: _____ (am/pm) to _____ (am/pm)

Dates and times must be
be listed individually.
(Attach sheet if necessary)

A damage deposit is due prior to the first day of use. \$ _____

A school custodian or a district employee approved by the building principal, shall be present before the facility usage is scheduled to commence and throughout the usage period. This same person must open and close the building, have charge of heating and ventilating all areas of the building, and assist in preserving order on the school premises and preventing damage to school property.

Permission to use school facilities is granted only under the assumption that those individuals in charge of the activities are exercising proper use and care of all school areas and equipment while in use. Failure to properly take care of school facilities will result in revoking privileges to those individuals.

You, or the organization you represent, must provide proof of a minimum of \$300,000 personal injury coverage and \$100,000 of property damage coverage. Please provide your certificate or other proof of insurance evidencing appropriate coverage with this application.

In accordance with Section 4 of the policy, your organization will be required to furnish the School District with protection from liability by presenting evidence of the purchase of organizational liability insurance and completing and Agreement of Indemnity executed by an officer of the organization. An Agreement of Indemnity remains active for future applications made throughout the current fiscal year July 1 through June 30.

_____ **THE UNDERSIGNED HAS READ AND UNDERSTANDS THE MCSD USE OF FACILITY POLICY AND ACCEPTS RESPONSIBILITY FOR THE REQUIREMENTS STATED HEREIN.**

Responsible Individual _____ **SIGNATURE:** _____
(Print)

Address: Street: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

<p>SIGNATURES FOR APPROVAL:</p> <p>Athletic Director: _____ Date: _____</p> <p>Building Principal: _____ Date: _____</p> <p>Principal-approved employee: _____ (Principal please print name)</p> <p>Employee Signature: _____ Date: _____</p>
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** Please contact Tish Maclay at 717-242-0240 Ext. 8515 or nem32@mcsdk12.org to cancel your event.

** Return Application, Indemnity Agreement & Liability Insurance Certificate to Principal of building requested.

Form distribution after signatures are completed: Group/Organization
Athletic Director
School Office

MIFFLIN COUNTY SCHOOL DISTRICT
201 EIGHTH STREET – HIGHLAND PARK
LEWISTOWN, PA 17044-1197

INDEMNITY AGREEMENT

The undersigned, _____ in consideration of the grant of permission to us requested facilities/areas of the Mifflin County School District, does hereby agree to indemnify and hold forever harmless Mifflin County School District, its successors and assigns, against loss from any and all claims, demands, suits, actions in law or in equity that may hereafter at any time be made or brought against Mifflin County School District arising out of or on account of any accident or injury to person or property sustained by any such person in consequence of the use of the premises of Mifflin County School District pursuant to the grant of permission by Mifflin County School District.

IN WITNESS WHEREOF, this Indemnity Agreement has been

executed the _____ day of _____, 2_____.

Signature of Representative of Organization

Printed Name