

Cutler-Orosi Joint Unified School District

Application for Facility Use Permit

Completed applications must be submitted 10 days prior to the first scheduled event.

DIRECTIONS FOR COMPLETING THE APPLICATION FOR FACILITY USE PERMIT

1. Complete **ALL** areas of the application indicated as "TO BE COMPLETED BY APPLICANT".
2. Obtain approval from the site administrator.
3. Deliver the site approval application, with **ALL** required documents, insurance forms, and estimated use fees, to the Director of Facilities at the District Office. Incomplete applications will not be accepted or scheduled.
4. A District approved application will be sent to the applicant. This will serve as the permit.

TO BE COMPLETED BY APPLICANT

Organization:		Authorized Representative:					
Event Name:		Telephone:					
Billing Address:		Cell Phone:					
Non-Profit ID #:		Email Address:					
Site Requested: ✓ (Please check one)	Cutler Elementary School	☐	Golden Valley Elementary	☐	Palm Elementary School	☐	
Aquatics Complex	☐	El Monte Middle School	☐	Orosi High School	☐	Lovell High School	☐
Sports Complex	☐	Yettem High School	☐	Family Education Center	☐	District Office	☐

Facilities Requested: ☐ Multi-purpose ☐ Gym ☐ Kitchen ☐ Grounds ☐ Conference ☐ Library ☐ Classroom(s) Rm.# _____ ☐ Stadium
☐ Sports Complex Field # _____ ☐ Sports Complex Splash Pad ☐ Board Room ☐ Tennis Court ☐ Basketball Court ☐ Baseball Field
☐ Softball Field ☐ Shade Cover Structure ☐ Food Concessions Building ☐ Community Pool ☐ Competition Pool

Dates of Use: Sports leagues must provide a game schedule.	Start Time: This includes the time you want the doors opened and time you will need to set up or prepare food.	Stop Time: This is the time you will leave and the doors will be locked.	Total Hours:	Equipment Requested: Please review the fee schedule for applicable charges. Lights, tables, chairs, PA system, markings on the play fields, podiums, kitchen/cafeateria appliances, and/or personnel.	Person in Charge: Provide name and phone number.

Grounds: Is field use for: ☐ games only ☐ practices only ☐ both ☐ other _____

Kitchen/Cafeteria Use: Provide name and phone number of person in charge of your food preparation, if different from above. Name: _____ Phone: _____

Insurance Requirements: The applicant agrees to enforce its indemnity and hold harmless obligations, and obtain and maintain in full force for the duration of this agreement, insurance respective of the use of said facility. Applicant's insurance policy shall be at a minimum, Comprehensive General Liability, with limits **no less than \$1 million on a per occurrence basis and \$2 million in the aggregate**. Cutler-Orosi Joint Unified School District shall be listed as an Additional Insured endorsed to said policy and such insurance shall be primary. Insurance shall be evidenced by a Certificate of Insurance, with the Additional Insured endorsement attached.

BY SIGNING BELOW, I CERTIFY THAT I HAVE RECEIVED, READ, UNDERSTAND AND AGREE TO ABIDE BY THE APPLICATION PROCEDURES, CONDITIONS OF USE, PROHIBITED ACTIVITIES, FEE SCHEDULE, HOLD HARMLESS AGREEMENT AND INSURANCE REQUIREMENTS. I CERTIFY THAT I HAVE BEEN DULY AUTHORIZED BY THE HEREIN SET FORTH APPLICANT TO ACT IN ITS BEHALF IN SUBMITTING THIS APPLICATION. I ACCEPT RESPONSIBILITY FOR MEETING ALL REQUIREMENTS STATED IN THE DOCUMENTS AND APPLICATION AND FOR PAYING ALL FEES ASSOCIATED WITH THE USE OF SCHOOL FACILITIES. THE ORGANIZATION RECOGNIZES THAT, IN ACCORDANCE WITH ED. CODE 38134, IT IS LIABLE FOR ANY DAMAGE TO SCHOOL FACILITIES OR FOR ANY INJURY TO ANY PERSON DUE TO THE ORGANIZATION'S NEGLIGENCE IN USING THE SCHOOL FACILITIES. (ALL LISTED DOCUMENTS CAN BE FOUND ON AND PRINTED FROM THE DISTRICT WEBSITE AT www.cojused.org UNDER "FACILITIES" IN THE "DEPARTMENTS" DROPDOWN MENU.)

Print name: _____ Authorized signature: _____ Date: _____

TO BE COMPLETED BY DISTRICT PERSONNEL

SITE ADMINISTRATOR APPROVAL	FEES AND INSURANCE	FACILITIES DIRECTOR APPROVAL
Signature:	Estimated fees paid: ☐ Yes ☐ N/A	Signature:
Print name: _____ Date: _____	Hold Harmless Agreement: ☐ Yes ☐ N/A Insurance proof submitted: ☐ Yes ☐ N/A	Print name: _____ Date: _____
Copy sent to: ☐ Advisor ☐ Site Administrator ☐ Site Custodian ☐ Food Service Director ☐ Maintenance Director ☐ Applicant Date: _____		