



Application for Use of Buildings, Facilities, and Grounds

**This form is for organizations outside of the SB community. Please turn the form into the office at least 2 weeks prior to the event. Student events will take priority for the use of any of the facilities and grounds.*

Name of Organization: _____

Contact Person: _____ Phone: _____

Address: _____ City: _____

Date of Event: _____ Time: _____ Email: _____

Type of Event:

- Dance Rally Assembly Retreat Mass/Service Fundraiser Athletic Other

Purpose of the Event: _____

Facility Requested:

- Auditorium Kitchen Gym Library Classroom Field Other

Est. Attendance: _____ Fee: _____

I understand that the facility is for instructional or athletic use only and must be left in its original condition. NO smoking is permitted. The use of intoxicating beverages on the premises is prohibited. All damages to the property, equipment, or facility that is a direct result of this event will be the responsibility of the applicant. Reimbursement for damages is expected within thirty (30) days.

INDEMNITY: The organization shall indemnify, defend and hold harmless St. Bernard's Academy, its Board of Directors, administrators, employees, agents or any person acting on its behalf from and against any claim or demand for loss, liability or damages, including but not limited to claims for property damage, personal injury or death, by whosoever brought based upon any accident, fire or other incident by any failure on the part of the organization to observe or perform any of the terms and conditions herein or any regulations, ordinances and laws of federal, state, municipal or county governments. Furthermore, the organization shall reimburse St. Bernard's Academy, its Board of Directors, administrators, employees, agents or any other person acting on its behalf for all attorney's fees, costs and expenses incurred in connection with the defense of any such claims.

INSURANCE: Additionally, the organization shall during the period of this facility use request, at its own cost and expense, maintain liability insurance for personal injury or death in the minimum amounts of \$300,000 per person, and \$1,000,000 per accident; and \$50,000 property damage; said policy shall name St. Bernard's Academy as a co-insured and copy thereof shall be submitted with application for facility usage form.

I have read and understood, and will abide by the above.

Applicant's Name (print) Signature Date

SB Representative (print) Signature Date

SPECIAL REQUESTS

- Tables _____
 - Chairs _____
 - Sound Equipment _____
 - Video Equipment _____
 - Podium _____
 - Other _____
-
-

For Office Use

- Maintenance Personnel Notified Date: _____
- Personnel needed for unlocking/locking Date: _____
- Calendar checked and recorded Date: _____
- Deposit Received Date: _____
- Insurance Received Date: _____
- Approved by Administrator Date: _____