Insurance Expiration:

Facilities Use Agreement

	Salida School District R32-J	349 E 9 th St Salida CO 81201	719-530-5406
Organization/Grou	ıp Name:		
Group Contact Na	me & Mailing Address:		
Contact's Phone N	umber:	Email:	
Staff Needed: (A/\	/ or Site Coverage or Assigned	Janitorial) Provide Name if Volu	nteer
Date(s) of Request	ed Use with Times:		
Facility/Room Req	uested:		
Number of People	Expected:		
Brief Description o	f Event:		
Salida School District ca being conducted while claim, loss, expense, or facility or room describ spectators upon the pr school district against a the premises which in a occurrence or occurrer resist or defend any su person or the property external or commercial certificate will name th	annot be held responsible for accident using school premises agrees that san a damage to any person or property in the dabove. This indemnity will include the emises in which the facility or room is all claims which may be caused fire or any way may result in any damage. If a case, the responsible party upon written action or proceeding by counsel apof any person. Each participant will suffice the school district as additional insured forth agrees to reimburse Salida School	is, injuries, or property loss. The individual ne will defend, indemnify, and hold the so or upon the premises which shall result of the responsible person or organization are being used. The responsible party, group other casualty not covered by insurance of any action or proceedings is brought againgten notice from the school district, will at the proved by the school district in the event ubmit a signed statement to this effect. As the required from each person or group not and the limits carried will be equal to or he	, association, etc will further indemnify the of the school district, or by any condition of a the school district by reason of any such the expense of the said responsible party of any such loss, damage, or casualty to any dequate liability insurance will be required foot less than one week prior to the event. The
and students. The under DISCLOSE IN ANY AND	ersigned agrees to the above and Salid	a School Policy KF-R-1 and agrees to abid DNDENCE THE GROUP NAME ABOVE AND	the school this includes employees, visitors, e by all terms. ALL OUTSIDE USERS MUST "The Salida School District does not approve
Signature:		Date:	
	<u>For Salida Scho</u>	ool District Administrative Use Bel	<u>'ow</u>
_		Per Area) Total Costs <i>(Unless Full L</i> or 35%)=Reduced Co	_
PLUS Personnel as	Noted at \$35/hour		

Administrative Signature:

Date: