

Ephrata Area School District  
 803 Oak Boulevard  
 Attn: Director of Athletics, Student Activities, and Facilities  
 Ephrata, PA 17522-1998  
 Phone: (717) 721-1400 Ext. 19021 Fax: (717) 721-1479

<b>Date Submitted:</b> _____  <b>Received by:</b> _____
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**APPLICATION FOR USE OF SCHOOL FACILITIES**

(completed application must be submitted to the Office of the Director of Athletics, Student Activities, and Facilities *thirty (30) days* prior to the use of the facility – **NO EXCEPTIONS**)

**NAME OF ORGANIZATION:** \_\_\_\_\_

Will admission fee be charged?  YES  NO Is organization commercial or profit seeking?  YES  NO

The undersigned, a designated representative of this organization, hereby makes application for use of school facilities:

**Building/Grounds Requested:** \_\_\_\_\_

**Area Requested:** \_\_\_\_\_

**Date(s) Requested:** (including rehearsals)

**Hours Requested:** (for each date listed)

\_\_\_\_\_  a.m.  p.m. to \_\_\_\_\_  a.m.  p.m.  
 \_\_\_\_\_  a.m.  p.m. to \_\_\_\_\_  a.m.  p.m.

**Event Start Time:** \_\_\_\_\_

**Specific Purpose of Use (Detailed):** \_\_\_\_\_

**EQUIPMENT REQUESTED:** (Additional charges may be made for use of some equipment)

Sound System	<input type="checkbox"/>	LCD	<input type="checkbox"/>	Digital Camera	<input type="checkbox"/>
Stage Lighting	<input type="checkbox"/>	Laptop	<input type="checkbox"/>	Piano	<input type="checkbox"/>
Risers	<input type="checkbox"/>	Scoreboard	<input type="checkbox"/>	Table(s)	<input type="checkbox"/>
Bleachers	<input type="checkbox"/>	Digital Video Recorder	<input type="checkbox"/>		

Other: \_\_\_\_\_

List the name, address and phone number of at least one, **but preferably two**, responsible officials of your organization who will be present when the facilities are being used, and *who will accept responsibility for adherence to school district regulations.*

Name	_____	Home Phone	_____	Work Phone	_____
Street Address	_____	City	_____	State	ZIP _____

Name	_____	Home Phone	_____	Work Phone	_____
Street Address	_____	City	_____	State	ZIP _____

*I understand that this application is subject to final approval by the District and that the rental fee and labor charges, if any, are to be paid to the Ephrata Area School District **within ten (10) days after billing.** My organization agrees to pay for any damages of property of the district, except for ordinary wear and tear, resulting from this use of property.*

Signature of person making request: \_\_\_\_\_ Date: \_\_\_\_\_

**For School Use Only**

Director of Athletics, Student Activities, and Facilities \_\_\_\_\_

\*If APP for Middle School – MS Principal’s Initials \_\_\_\_\_

\*If APP for Elementary Building – Building Principal’s Initials \_\_\_\_\_

\*If APP for Kitchen – Food Service Manager’s Initials \_\_\_\_\_

Category: \_\_\_\_\_ Rental Fee: \_\_\_\_\_ Labor Charge: \_\_\_\_\_ **TOTAL:** \_\_\_\_\_

Ephrata Area School District  
803 Oak Boulevard  
Attn: Director of Activities  
Ephrata, PA 17522-1998  
Phone: (717) 721-1400 Ext. 19021 Fax: (717) 721-1479

WAIVER OF CLAIMS

Applicant \_\_\_\_\_ hereby waives, quit-claims and/or releases the EPHRATA AREA SCHOOL DISTRICT School Board, individual school board members, administrators, employees and/or their agents, from any and all claims, demands, losses and liability of any kind including legal fees and expenses, to or from any person, persons or entity whatsoever from injury or damage from tort, contract or otherwise, arising out of, or associated with, directly or indirectly, the rental of EPHRATA AREA SCHOOL DISTRICT property.

Further, the Applicant \_\_\_\_\_ further agrees to hold harmless the above EPHRATA AREA SCHOOL DISTRICT School Board, individual school board members, administrators, employees and/or agents, for any and all financial and/or legal liability to third persons, either contractually or for personal injury or other tort arising out of or associated with the rental of the EPHRATA AREA SCHOOL DISTRICT property.

IN WITNESS WHEREOF, the Applicant \_\_\_\_\_ hereby executes this waiver, release and quit-claim, intending to be legally bound.

Date: \_\_\_\_\_

Signature(s): \_\_\_\_\_

Signatures(s): \_\_\_\_\_