

BONSALL UNIFIED SCHOOL DISTRICT
31505 Old River Road, Bonsall, CA 92003 760.631.5200 Ext. 1000
Application and Permit for the Use of School Facility and Equipment
AN INSURANCE CERTIFICATE MUST BE IN PLACE

Name of Organization: _____ Corporate or Tax ID Number _____

Address of Organization: _____

Specify Facility Requested: _____ Purpose of Meeting: _____

Equipment Needed: _____

Date(s) Requested (Month/Date/Year) _____ Time (From-To) _____ Day(s) of Week Requested (Saturday- Sunday)

Expected Attendance _____ Will food/beverage be served? Yes No

Will admission fee, solicitation of funds, etc. be involved ? Yes No Approximate % of Bonsall Children involved: ____

Proceeds used for? _____

Name of Applicant

Title:

Home Address

Phone Number / Home and Cell

Email Address

Statement of Information and Agreement

Applicant agrees to indemnify and hold harmless the Bonsall Unified School District (BUSD), its officers, agents and employees, against any and all loss, damaged and/or liability including but not limited to personal injury, accident, illness or death or any loss of damage to property and liability that may be suffered or incurred by the school districts, its officers, agents and employees and against any and all claims demands, cause of action or credits, obligation, judgments, suits, or attorneys' fees, costs, and expenses that may be made or brought against the BUSD, its officers, agents and employees, caused by, arising out of, or in any way connected with the use by applicant BUSD facility or the exercise of the privilege herein granted. Applicant further agrees to be personally responsible on behalf of his/her organization for any damage sustained by the school premises, furniture or equipment because of the use or occupancy of said premises by his/her organization and to abide by and enforce the rules, regulations and policies of BUSD governing the use of school facilities and equipment. By the signature below, we hereby certify that we uphold the state and federal constitutions and do not intend to use school premises to conduct unlawful acts. We agree to submit a certificate of insurance in the amount of one million dollars, listing Bonsall Unified School District as "Additional Insured." BUSD reserves the right to terminate agreement at anytime due to District priorities.

Authorized Signature

Date

I am authorized on behalf of the above named applicant/organization to sign this application for the use of BUSD facilities. I agree NOT advertise or promote said event until all site and administrative approvals are complete. I understand that this agreement is only for the dates indicated and is not applicable over one year from date of signature.

Approved

Not Approved

By: _____
Site Administrator Date

District Administrator Date