



Application for Use of Facilities

School Sponsored Activity?

Yes—No Insurance Required

No—Insurance Attached (and Group Below)

Youth Groups & Recreation

Adult Cultural, Rec. and Community Involvement

Government, Emergency Services & Political

For Profit Activities

School/Building Requested: _____

Today's Date: _____

Name of Organization: _____

Purpose/Name of Meeting: _____

Expected Number of Participants: _____

Activity will be: Free Collection Only Admission Charge

Specific Area Requested: all that apply

Classroom

Gymnasium

Cafetorium

Kitchen Use

Stadiums (High School)

Lights

Athletic Fields

Outside Area

Hickory (HEEC)

Kitchen..... Planetarium..... Pool

Nature Hall..... Lodging.....

Dates Requested	<input checked="" type="checkbox"/>	Month	Day	Year	Time From	Time To
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

For Continuing Activities: Starting Date: _____

Stopping Date: _____

Special Requests: all that apply

Temperature Adjustments ... IT Technician

Food Service Personnel Lifeguard

Custodial Personnel..... Hickory Instructor.....

No activities scheduled past 10:00 p.m. Sunday activities are limited. Building entry will be permitted based on time indicated.

Tobacco products, drugs, alcohol use, and gambling are strictly forbidden in school buildings or on school grounds.

Rates for facility use are published in the GCPS FY2023 Budget Book and posted on the GCPS website.

INSURANCE (Non-School Groups)

The User Group must maintain, throughout the term of this Agreement, a general liability insurance policy with limits of \$1,000,000, and shall name the Garrett County Board of Education as an additional insured on the policy. A copy of the insurance certificate from a company authorized to conduct business in Maryland shall be presented with the application, prior to issuance of approval by the school. If the Application has any employees on site during the activities, the Applicant must provide proof of worker's compensation.

Name of Insurance Carrier: _____

Policy No.: _____

The undersigned certifies that I am authorized to sign this contract on behalf of the user group, have read and fully comprehend all fees, rules, and regulations as contained in the regulations associated with the KG Use of School Facilities Policy and Procedure and to the fullest extent of the law. The user groups agree to protect, defend, indemnify, pay on behalf of and hold harmless, GCPS (including its elected officials, officers, agents, and employees) from any causes of action, claims, demands, suits, liability, penalties, costs, damages, expenses, judgments, or loss, including attorney fees, arising out of or connect, in any way, to the Applicant's use or occupancy of the facility, including any loss or injury of any kind alleged to be the result of any negligence by Garrett County Public Schools, its Board of Education, or any of its agenda, employees, volunteers, or officials. In the event GCPS property loss is incurred as a result of the use of facility, the amount of damages shall be decided by the principal or the Director of Maintenance, Facilities, Operations, and Transportation. The user group shall be charged accordingly.

Applicant Signature: _____

Date: _____

Applicants Name: _____

Phone (Home or Mobile): _____

Address: _____

Phone (Work): _____

GCPS USE ONLY:

THIS SPACE RESERVED FOR PRINCIPAL'S REMARKS AND SIGNATURE

The area(s) requested is: **Denied** **Approved** (By the school on the dates and times indicated)

The _____ may schedule use of _____.
Organization Facility

This activity will require:

Additional Staffing (list all items):

Additional Comments: _____

Rates for facility use are published in the GCPS FY2023 Budget Book and posted on the GCPS website.

Building Use Fee:

Category No. _____	
Classrooms	\$ _____
Gymnasiums	\$ _____
Auditorium	\$ _____
Stadium	\$ _____
Stadium Lighting Fee	\$ _____
Cafeteria/Multipurpose	\$ _____
Kitchen	\$ _____
Other (_____)	\$ _____

<u>Staffing Fees:</u>	
Custodial Personnel	_____ X \$45/hr = \$ _____
Food Service Personnel	_____ X \$45/hr = \$ _____
IT Technician	_____ X \$50/hr = \$ _____
Lifeguard	_____ X \$45/hr = \$ _____
Hickory Instructor	_____ X \$45/hr = \$ _____
Subtotal	\$ _____

Total Anticipated Fees: \$ _____ (Actual billing will be sent after event has taken place)

Proof of Insurance Received?

Facility Administrator's Signature Date

THIS SPACE RESERVED FOR MAINTENANCE, OPERATIONS, AND FACILITIES

Subject to all rules, regulations policies and fees as established by Garrett County Public Schools

This request is: **Denied** **Approved** **Facility Use Fees Waived**

Comments: _____

Office of Maintenance, Facilities, Operations, and Transportation Date