

Milford Exempted Village School District
FACILITY USE AUTHORIZATION AND RENTAL APPLICATION
For Individuals and Community Groups

Section I: (To be completed by persons requesting building rental)

Name of Group: \_\_\_\_\_ Type of Activity: \_\_\_\_\_

Type of Group: Commercial Non-Profit PTO/PTA

# of Participants/Spectators: \_\_\_\_\_ # of Adults/Supervisors in Charge: \_\_\_\_\_

# of Participants that are Milford EVSD Residents \_\_\_\_\_

Location (circle one): High School Jr. High Boyd E. Smith Seipelt Elem.
Meadowview McCormick Mulberry Pattison
Main Miami/ Preschool Board Office

Proof of Insurance Attached?: Yes \_\_\_ No \_\_\_

Specify Area/Room: \_\_\_\_\_

Table with 3 columns: Date(s) of Activity, Day of Week, Time of Activity (include set-up/clean-up). Includes rows for activity scheduling.

Any group utilizing district facilities causing a false alarm will be charged \$25 for each "alarm drop." Non-profit organizations that have rental fees waived will be charged a minimum of one hour if they require the services of a custodian.

By signing this application, the person whose signature appears below signifies that he/she is responsible for the group, will see that the building is not misused, that groups have proper adult supervision, and that the buildings and groups are used in conformity with the Rules and Regulations of the Board of Education of the Milford Exempted Village School District.

Responsible person agrees to indemnify and HOLD HARMLESS the Milford Exempted Village School Board of Education and their agents and employees from all liability, claims, demands, damages, or costs, for or arising out of injury or alleged injury to any and all members of the group whether it be caused by the negligence of indemnitor or Milford Exempted Village School Board of Education or either party's agents or employees, or otherwise.

Signature of Person Responsible: \_\_\_\_\_ Date: \_\_\_\_\_

Kitchen Access: Yes \_\_\_ No \_\_\_ (If yes, please call Milford Food Services at 831-5027.)

Additional Info: \_\_\_\_\_

Person Responsible (please print): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Section II: (To be completed by building principal or their designee)**

Custodial Services Needed: Yes  No  (approx. # of hrs. \_\_\_\_\_ x per hour \$ \_\_\_\_\_ = \$ \_\_\_\_\_)

Facility use approved  Not approved  Signed: Donald W. Baker Date: \_\_\_\_\_

(Forward to business office for final approval)

**Section III: (To be completed by business office)**

Custodial Services Needed: Yes  No  (approx. # of hrs. \_\_\_\_\_ x per hour \$ \_\_\_\_\_ = \$ \_\_\_\_\_)

Proof of Insurance: Yes  No

Community Group \_\_\_\_\_

Non-Profit Group \_\_\_\_\_

PTO/PTA \_\_\_\_\_

Rental Rate \_\_\_\_\_

Facility use approved  Not approved  Signed: \_\_\_\_\_ Date: \_\_\_\_\_