



APPLICATION FOR FACILITY USE
2020-2021 School Year

Application Date: _____

NAME OF ORGANIZATION: _____

NAME OF SPONSOR (if different): _____

PURPOSE OF ACTIVITY: _____

NUMBER OF PARTICIPANTS: _____ AGE RANGE: _____

BUILDING TO BE USED (please place an x in the box below the school name):

	Covington	Hannum	Hometown	Kolmar	OLHMS	Sward

ROOM REQUEST:

Gym	Multi-Purpose Room	Classroom	Other

Time: _____ to _____ Number of Adult Supervisors: _____

EQUIPMENT REQUESTED: Chairs _____ Tables _____ Desks _____ Bleachers _____

DATES REQUESTED (circle each date –(dates with an “X” are not available):

August							September							October							November						
S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S
						1							1							1							1
2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10	X	1	2	3	4	5	6
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17	8	9	10	11	12	13	14
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24	15	16	17	18	19	20	21
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
23	24	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31	22	23	24	25	26	27	28
X	X	X	X	X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X
30	31																										
X	X													X	X	X	X	X	X	X	X	X	X	X	X	X	X

X = Date Unavailable

Adult In Charge of Program: _____ Phone #: _____

Name of Applicant: _____ Phone #: _____

The undersigned hereby makes application for the use of school facilities. The Board of Education is not responsible for special equipment brought into the building or liable for any accident resulting from the use of its facilities. The applicant will exercise care and will be responsible for any damage or loss resulting from the use of school facilities. All rules and regulations as set forth in "Facility Use Guidelines" will apply (copy attached). Indemnity Agreement and Waiver of Claims must be signed (see reverse side of this form).

Signature of Applicant: _____

Address of Organization: _____

Organization Phone #: _____

Approved by: _____ Approval Date: _____
(signature of principal or administrator)

INDEMNITY AGREEMENT AND WAIVER OF CLAIMS

The undersigned, being eighteen (18) years of age or more, for and in consideration of permission being granted to utilize certain facilities and property of Oak Lawn-Hometown School District 123, Cook County, Illinois, do hereby agree to indemnify, protect and hold harmless said School District, its officers, agents and employees and all private persons volunteering services without charge, from any claim, demand, expense or liability, including, but not limited to personal injury, property damage, court costs, attorney's fees and interest, howsoever caused; which arise directly or indirectly out of the utilization of the aforesaid facilities and property.

As further consideration for being permitted to participate in the aforesaid activity, the undersigned hereby specifically waive any claim or right which might otherwise accrue to the undersigned or to any person using the said facilities or property during the time it is reserved by the undersigned or to our heirs, executors, administrators or assigns, and against said School District, its officers, agents and employees and all private persons volunteering services without charge, as the result of personal injury to or death of any such person or damage to any of the property of any such person, resulting from the utilization of the aforesaid facilities or property.

This Indemnity Agreement and Waiver of Claims is not to operate as a release of any insurance company insuring any of the persons or entities covered hereby from liability to pay in accordance with the terms of any insurance policy issued to cover claims of the character herein above referred to.

This agreement shall be binding upon or inure to the benefit of the heirs, executors, administrators, assigns or successors in office of all parties herein before designated.

Dated this _____ day of _____, _____

Signature(s) of individuals or authorized officers

Title

Organization

Office Use Only:

Organization Category: 1__ 2__ 3__ Fee Charged: _____ Date Payment Received: _____ Check # _____

Current Insurance Certificate on file: ___ Yes ___ No