

POHATCONG TOWNSHIP SCHOOL

**Request for Use of Facilities**

Organization: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Representative's Name, Address, Phone:

\_\_\_\_\_

Facilities Requested: \_\_\_\_\_

Date Needed: \_\_\_\_\_ Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Set up time: \_\_\_\_\_ Clean-up Time: \_\_\_\_\_

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

Nature of Activity: \_\_\_\_\_

Name of Liability Insurance Company: \_\_\_\_\_

**\*(Please attach insurance certificate with Pohatcong School named as certificate holder)**

**Note: If permission is granted, the applicant will assume responsibility for the preservation of order, damage or loss of property and liability for personal bodily injuries of any spectator or performer incurred any place on school property. The Board of Education and its representative reserves the right to rescind any prior approval, and at all times shall have free access of all parts of the facilities whether rented or not.**

**Hold Harmless Agreement**

I/We hereby release, discharge, covenant not to sue, and agree to hold harmless the Pohatcong Township School District, its board members, administrators, directors, agents, volunteers, and employees, (each considered one of the "Releases" herein) from all liability, claims, demands, losses, or damages on account caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations and further agree that if, despite the release, I/we, or anyone on behalf of me/us, or any person or participant in my/our activity identified on this document, makes a claim against any of the Releases named above, I/WE WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE REALEASES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF SUCH CLAIM.

I have read the *Use of School Facilities* district policy and regulation, posted on the Pohatcong School website, and agree to abide by the rules and regulations set forth.

SIGNATURE \_\_\_\_\_

COMPANY/GROUP \_\_\_\_\_ DATE \_\_\_\_\_

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Building Charges: \_\_\_\_\_

**Approved**

**Not Approved**

Cc: Lou McCullen  
Sue Price  
Representative

\_\_\_\_\_  
Signature of Superintendent

Date placed on calendar: \_\_\_\_\_