

**REQUEST FOR USE OF SCHOOL FACILITY
COLFAX-MINGO COMMUNITY SCHOOLS
Colfax, Iowa – Mingo, Iowa**

Date of Request _____

Organization requesting use of facility _____
Date requested for facility _____ Time beginning _____ Ending _____
Facility requested _____
Purpose for which facility will be used _____ Telephone _____
Person filing request _____ Telephone _____
Adult responsible or in charge of group _____
Fee assessed _____ Custodial charge _____

Assumption of Liability and Indemnification: The Organization assumes any liability arising from its use of District property and states that it shall defend and hold the District harmless from any and all damages and claims that may arise by reason of negligence on the part of the Organization or the District, and its officers, employees and agents, in the use by the Organization of any property. If any action is brought against the District or any of its officers, employees or agents regarding the organization's use of the property, the District reserves the right to defend such actions and to charge the costs of such defense, including attorney's fees, to the Organization. As a condition to using the District's property, the Organization shall require participants to sign a waiver releasing the Organization and District of any liability arising from damages for personal injury and/or claims for property damage.

Insurance: The Organization agrees to furnish upon request and maintain during the terms of this Agreement such bodily injury and property liability insurance as is necessary to protect and defend the Organization and the District from claims for damages for personal injury, including accidental death, and for claims for property damage, which may arise from the Organization's use of the Property, whether such operation be by the Organization or by anyone employed by or otherwise acting, either directly or indirectly, on the Organization's behalf. The organization shall furnish the District with certified proof of such insurance as a precondition to signing this Agreement and a copy of such proof of insurance shall be attached to this Agreement.

ORGANIZATION

COLFAX-MINGO COMMUNITY SCHOOL DISTRICT

By _____ *
Title _____
Date _____

By _____
Title _____
Date _____

**The representative of the Organization has received and read a copy of CMCS D Board Policy #1004.1 and agrees to comply with the provisions of said policy.*

June 27, 2016