



George County School District
494 Cowart Street
Lucedale, MS 39452
Phone: 601-947-6993

Facility Usage Request

Name of Person/Group Requesting Use of Facility: _____

Address of Organization: _____ Telephone: _____

Person in Charge of event _____ Email: _____

School: _____ Portion of Facility: _____ Date: _____ Time: _____

Reason for Use (please be specific): _____

Will admission be charged? Yes___ No___	Will funds be solicited? Yes___ No___
Will merchandise be sold? Yes___ No___	Certificate of Insurance Attached? Yes___ No___
Use Dates: _____	Length of Use: _____ Hours
Estimated Number of Participants: _____	Opening/Closing Times: _____
Adults: _____	Children: _____

The applicant authorizes the Board of Education of the George County School District to make repairs to any damaged building or equipment, or the replace same in event of complete destruction or loss resulting from use of said building or equipment and to bill the undersigned for same. The applicant obligates and binds itself to protect and save harmless the George County School District from any and all claims for personal injuries, or otherwise, to all persons resulting from attendance at this event sponsored by the applicant.

The user shall indemnify, defend and hold harmless the district from and against any and all liability, loss, cost damage or expense, including but not limited to attorneys' fees incurred by or assessed against the district, and any and all claims, demands and causes of action asserted against the district by any persons, whether for loss of life, personal injury or loss of or damage to property, (a) occurring in or on the premises during the term of use by the user, (b) arising from or out of the use and occupancy of the premises by the user, his/her agents, employees and invitees, (c) occasioned wholly or in part by any act or omission of the user of the district, or (d) occasioned by the user's violation of any applicable law, ordinance, order, rule or regulation. Further, the user will provide to the district before using the premises a certificate of insurance evidencing the fact that the user is insured against liability for use of the premises in an amount not less than \$1,000,000 personal damages and \$250,000 property damage and such certificate of insurance will show the George County School District as an additional insured.

I certify that the information given above is true to the best of my knowledge. I understand that this agreement shall become null and void should this agreement be assigned to another party.

Applicant's Signature _____ Date _____

Schedule Of Fees Per Day:

Gymnasium:	\$200.00	Additional Personnel Costs: 2 hour minimum
Cafeteria:	\$200.00	Custodial/Security/Cafeteria- \$20.00/hr.
Athletic Fields	\$200.00	Administrator On-Call Fee- \$75.00
Classrooms (per room)	\$ 50.00	
District Office(Multi-Purpose Room:	\$100.00	

Use Class	Deposit	Base Rental	Hourly Charge	Janitorial Charge	Supervision
Total Charge					

Name(s) of Supervisors Assigned: _____

Principal's Signature _____ Date _____

Superintendent Designee Approval _____ Date _____