

**Moultonborough School District**  
**APPLICATION FOR USE OF FACILITIES (MA, MCS and Athletic Facilities)**

This form is not to be used to request use of Moultonborough Community Auditorium.

Person Completing Forms: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Individual/Organization Requesting Use (LESSEE): \_\_\_\_\_

Check Facility Being Requested:

\_\_\_\_ Academy      \_\_\_\_ Central School      \_\_\_\_ Athletic Facility

Day and Date(s) Requested: \_\_\_\_\_ Time Requested: \_\_\_\_\_

Performance Time: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

\_\_\_\_\_

Specific Area(s) Needed: \_\_\_\_\_

Equipment Needed (if any): \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Number of Spectators: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

\_\_\_\_\_

Adult Supervisor(s): List below all individuals taking on the responsibility of being an adult supervisor or chaperone for this activity:

\_\_\_\_\_

Signature below indicates individual has received a copy of School Board Policies KF and KF-R.

Signature of Official Representative of Organization/Lessee Responsible for this Event:

(Sign Here) \_\_\_\_\_

*Note: The addendum on the other side of this Application Form must also be signed.*

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

**OFFICE USE ONLY**

Dates checked and tentatively reserved: \_\_\_\_\_

Office Staff Signature

Date Certificate of Insurance Received and On File: \_\_\_\_\_

Police Coverage Required: \_\_\_\_\_ Custodian Required: \_\_\_\_\_

Fees Required: \_\_\_\_\_

Approved by Athletic Dir. (if applicable): \_\_\_\_\_

Final Approval by Principal: \_\_\_\_\_

cc: \_\_\_\_ Principal      \_\_\_\_ Facilities Manager      \_\_\_\_ Auditorium Dir.      \_\_\_\_ Athletic

Dir.Attachments: Board Policy KF and KF-R

Form Approved: October 12, 2004

Moultonborough School District  
ADDENDUM TO APPLICATION FOR USE OF FACILITIES

This Addendum becomes part of any Facilities Use Application by and between the ACTIVITY SPONSOR (LESSEE) and the Moultonborough School District (LESSOR).

LESSEE: \_\_\_\_\_  
\_\_\_\_\_

A. INDEMNIFICATION:

IT IS AGREED that in consideration for allowing the rental or use of the LESSOR's owned facilities and in full recognition of its fiduciary responsibility to protect publicly owned property and assets, the LESSEE hereby covenants and agrees at all times to indemnify and hold harmless the LESSOR, its officers and employees, to the fullest extent permitted by law, from any and all claims, damages, losses and expenses, including, but not limited to, reasonable attorney's fees and legal costs, arising out of the use of these rental premises and all facilities by the LESSEE, its officers, employees, agents, representatives, contractors, customers, guests, and invitees.

The LESSEE will provide a Certificate of Insurance reflecting Commercial General Liability coverage with limits of no less than \$1 million per occurrence, naming the LESSOR as an Additional Insured.

B. INSURANCE:

As evidence of its financial ability to indemnify the LESSOR, during the term of this agreement, the LESSEE shall obtain and pay premiums for Commercial General Liability insurance protecting the parties hereto, their agents, officers, elected officials, representatives, or employees because of bodily injury, property damage, personal injury or products liability incurred by the parties in the performance of the terms of the lease, such policy to provide limits no less than \$1 million per occurrence. A Certificate of Insurance naming the Moultonborough School District (LESSOR) as an Additional Insured shall be provided.

Such insurance contracts shall be with companies acceptable to the Moultonborough School District and they shall require ten (10) days prior written notice to both parties hereto of any cancellation.

C. ALCOHOLIC BEVERAGES & CONTROLLED DRUGS: In acknowledgment of the Moultonborough School District's strictly maintained policy against the sale, possession, use, abuse, or consumption of alcohol or of controlled drugs as defined in RSA 318-B:1, VI, or of a controlled drug analog as defined under RSA 318-B:1, VI-a, LESSEE covenants and agrees to vigorously enforce said policy during the use of the facilities and premises by the LESSEE, its officers, employees, agents, representatives, contractors, customers, guest and invitees.

Signature of Official Representative of LESSEE: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Title: \_\_\_\_\_