



East Jackson Request for Facilities Usage

This form must be completed for all community groups to utilize any East Jackson facilities.

All parts must be completed and turned into the *Facilities Manager* two weeks prior to the activity or event.

Group name _____

Person Responsible(s) _____

Address _____

Phone Number (____) _____ - _____

Email Address _____

Dates & Times of use requested:

Sun-Mon-Tue-Wed-Thur-Fri-Sat (circle)

(Additional Dates and Times on bottom of 2nd page)

Starting Date _____

Ending Date _____

Starting Time _____ am – pm

Ending Time _____ am -- pm

Specific space requested(circle): Gymnasium - Classroom - Cafeteria - Ballfields - _____(other)

Cost assigned _____ per _____

Guidelines for use:

The User (above) will be permitted access to East Jackson on the assigned dates and will agree to follow all the rules governing use of the school district and any specific guidelines or restrictions at the sole discretion of the school district. Locations used shall be subject to the school district's discretion and the User will be responsible for all expenses related to its presence at the school district.

The User agrees to defend, indemnify and hold harmless the school district, its boards, employees, and representatives from any and all claims, actions, suits, judgements and expenses including personal injury, product liability claims and/or damage to property arising from or out of use by the User of its agents, members, partners, associates or employees, or any portion of the school district.

The User shall, at its own expense, keep in full force and effect until the cessation of its activity, a commercial general liability (CGL) insurance policy having limits of not less than One Million Dollars (\$1,000,000) for each occurrence and in the aggregate combined single limits for bodily injury, personal injury and property damage. In addition, the policy shall name the East Jackson Community Schools as an Additional Insured on the policy. The User shall provide evidence of in force coverage with a Certificate of Insurance prior to facility use.

Signature _____

Date ____/____/____

Printed Name _____

I am requesting a reduction of the cost of facility use

I am requesting a waiver of insurance requirements, since the activity is low risk

(Office use only)

_____ *Approved*

_____ *Not Approved*

Facility assigned _____ Date/days _____ Times _____

Cost reduction request approved _____

Insurance waiver request approved _____

Signature _____ *(Superintendent Approval required for any waivers)*

Please use the following procedure when completing this form:

1. Fill out the facility usage form at least 2 weeks prior to starting any event or activity.
2. Submit this form to the Facilities Manager at the contact information below. Any waiver of cost or insurance requirements will need to be approved by the superintendent.
3. Copies of approved forms should be given to the user, including approved dates, times, and specific access allowed.
4. Once a User is approved, He/She should proceed with requesting keys or key card access to facilities.
5. At no time should keys be shared to any other individual or group. ***Keys and key cards are for the User named on the form only. Any misuse of keys or key cards will result in privileges being revoked.***
6. At the conclusion of the activity, all keys and key cards should be returned to the facilities manager in a timely fashion.
7. The Facilities Manager should retain all copies of all forms for the duration of the activity or event.

Facilities Manager:

Kirk Warner
1566 N. Sutton Rd.
Jackson, MI 49202
(517) 769-8938

Superintendent:

Steve Doerr
1404 N. Sutton Rd.
Jackson, MI 49202
(517) 764-2090, ext. 7

Additional Dates & Times Requested: