



Administrative Form 7122A COMMUNITY USE OF FACILITIES - Priority of Use and Fees Schedule

Responsible: Office of Capital Projects and Facilities Management, Housekeeping Department

FACILITY USE APPLICATION

1. General Information

Today's Date: _____ WCSD Site: _____

WCSD Site Responsible Party/Advisor: _____

Name of Organization: _____

Representative Name: _____ Title: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email: _____

TYPE OF EVENT: _____

PURPOSE OF USE:

- Community Education Educational Literary Scientific Religious Public
- Business Political Organizational Precinct Meeting Election Meeting / Caucus
- Census Meeting General / Primary Election Non-Profit Fundraiser Booster/PTA
- Community Political Nutrition Services Use Training WCSD Association Use
- Joint Use Agreement Non-WCSD Recreational/Athletic Event Other WCSD Site
- Public Agency: _____ Other: _____

DESCRIPTION OF USE/EVENT:

Will admission or other charges be assessed to attendees/participants? ____ Yes ____ No

INTERIOR – ROOMS:

Request Facility Room #(s): _____

- Classroom(s) Conference Room Multi-Purpose Room Commons Area Theater
- Small Gym Large Gym Technology Lab Computer Lab Auditorium
- Library Small Kitchen Large Kitchen Shop
- Other: _____

EXTERIOR – FIELDS:

<input type="checkbox"/> Amphitheater	<input type="checkbox"/> Quad Area	<input type="checkbox"/> Pavilions	<input type="checkbox"/> Football	<input type="checkbox"/> Soccer
<input type="checkbox"/> Baseball	<input type="checkbox"/> Softball	<input type="checkbox"/> Practice Field	<input type="checkbox"/> Track	<input type="checkbox"/> Tennis Court
<input type="checkbox"/> Joint Use Field	<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Other: _____		

DISTRICT-RECOGNIZED TEAM: Approved District-recognized team application, practice, and game schedule must be attached.

Sport/Team Name: _____

Special Services Requested: _____

(Please attach a layout of setup for furniture and equipment. A brief description of event is required.)

Will food be served at this event: Yes No

Do you have proper health certifications: Yes No

Type: Light Refreshments Meal w/Meeting using WCSD Nutrition Service

Meal w/ Meeting using other Catering Service

Name of Caterer: _____

AUDIO / VISUAL EQUIPMENT (Charges per equipment rental sheet. Not all WCSD sites have listed equipment. Equipment provided upon availability. A minimum of two (2) weeks' notice is required.):

<input type="checkbox"/> Microphone	<input type="checkbox"/> Wireless Microphone	<input type="checkbox"/> Podium	<input type="checkbox"/> Portable Audio	<input type="checkbox"/> Elmo	<input type="checkbox"/> TV
<input type="checkbox"/> VCR / DVD / CD Player	<input type="checkbox"/> Overhead	<input type="checkbox"/> Flip Chart/Marker	<input type="checkbox"/> Projection Screen	<input type="checkbox"/> AV Cart	
<input type="checkbox"/> LCD Projector	<input type="checkbox"/> Extension Cord(s)	<input type="checkbox"/> Other: _____			

FEES

	Date(s) Requested	Time In / Time Out	Total Hours
Weekdays	_____	_____	_____
Weekdays	_____	_____	_____
Weekend	_____	_____	_____
Weekend	_____	_____	_____

CHARGE	TIER	HOURLY RATE	# OF HOURS REQUESTED	TOTAL
Hourly Use Room/Field: _____ Room/Field: _____ Room/Field: _____		\$ _____ \$ _____ \$ _____	_____ _____ _____	\$
Season Use (Tier IV Only)		N/A	N/A	\$850
Custodial / Grounds – Off Hour or Weekends		\$30		\$
Custodial / Grounds – Holiday		\$40		\$
Technology Support		\$		\$
WCSD School Police		\$		\$
WCSD Staff Site Supervision		\$		\$
Other		\$		\$
Audio Visual Equipment Rental _____ _____		\$ \$		\$
		TOTAL		\$
		Security / Cleaning Deposit (when applicable) \$500 – \$1,000		

Payment must be attached, as well as the Insurance Certificate (designates coverage amount and expiration date), Non-Profit Form (5013C), and any other necessary certificates, permits, or licenses if applicable. **Make checks payable to Washoe County School District.**

APPLICATION REQUIREMENTS ATTACHED (Applications must be submitted at least 30 days prior to event):
 Insurance Non-Profit (5013C) Business License Fees Payment Security Deposit
 Other _____

Facility Rental Refund Policy: If reservations are canceled at least 30 days prior to the event, a full refund less a \$25 administration fee will be issued. There will be no refunds for reservations canceled with less than a 30-day notice

Hold Harmless Agreement: I, the undersigned organization/ User, hereby state that I have read the Facility Use Application Terms and Conditions for Community Use of Washoe County School District Facilities. I agree to all rules therein stated and that the intended meeting and/or event meet all the criteria stated therein. My organization agrees to indemnify, defend, and hold the WCSD, its Trustees, employees, agents, and volunteers harmless from any and all liabilities, claims, losses, costs or expenses to the person or property of another, lawsuits, judgments, and/or expense. including attorney fees, arising either directly or indirectly from any act or failure to act by User or any of its officers, employees, or volunteers which may occur during or which may arise out of the use of this and any WCSD facility they have contracted for use. The undersigned organization/User will not hold the WCSD responsible for any injury or illness sustained by any individual while participating in any activity at a WCSD facility. The undersigned organization/ User fully understand that medical insurance is the sole responsibility of the participants and not that of the WCSD. The undersigned organization/ User also understands and agrees to take full responsibility for any and all damages that may result from the use of or to the facilities or WCSD equipment, which shall include but is not limited to extra custodial charges and possible repair/replacement costs.

CONSENT TO ASSUME RISKS, AWARENESS OF INHERENT RISKS, EXPRESS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY: In contracting to use a WCSD facility, I, the undersigned on behalf of my organization and its participants, understands that anyone participating in any activity, whether at the WCSD facilities, or traveling to and from the activity, can potentially encounter and contract COVID-19, including from individuals carrying the virus or from airborne particles or particles on surfaces. I understand that the illness can be quite severe and can result in injuries of all kinds, including death, or serious disability. I understand these risks and dangers that are inherent in these activities, I consent to them, and **I agree to assume ALL of them**, on behalf of my organization and the participants, whether listed on this agreement or not. I agree that I and/or my organization and participants are voluntarily participating in the activities requested in this Application, but not limited to, the use of WCSD equipment, facilities and the premises. I agree to assume full responsibility for any expenses, damages or losses of any kind that I and/or my organization and participants may sustain from contracting COVID-19 while using a WCSD facility and agree that WCSD and its respective trustees, administrators, managers, employees, agents, heirs, family members, assigns, representatives, affiliated persons, volunteers, sponsors, groups and others acting on their behalf (hereafter referred to collectively as the "Releasees") shall not be liable for any losses, injuries, or damages that I and my organization and its participants may sustain as a result the potential exposure to COVID-19 while engaging in any of the activities while using a WCSD facility. I, the signor for my organization and its participants, fully and forever release, waive, and discharge all claims, demands, damages, legal actions, causes of action, or rights of action (present or future) of any kind against the Releasees whether the claims are known, unknown, anticipated or unanticipated, and whether caused by the Releasees' ordinary negligence, any act or omission on the part of any Releasees, or other cause arising out of me or my child(ren)'s use of the preschool or engaging in the activities at the Releasees' facility (or elsewhere with regard to field trips) at any time (hereinafter the "claims"). This Waiver and Release of Liability includes claims pertaining to without limitation, any activities, instruction or supervision by Releasees resulting in potential contact with COVID-19 or other illnesses. This Release of Liability also expressly includes a

release for any and all claims arising out of or under Nevada Law related to losses sustained from exposure to COVID-19.

I, the undersigned organization/User, have the authority to sign this agreement on behalf of the undersigned organization. I, the undersigned organization/User, have read and understand the Facility Use Application Terms and Conditions and recognize and understand that such Terms and Conditions are incorporated here and by reference:

User Name (Please Print): _____

User Signature: _____ Date: _____

User Title: _____

FOR DISTRICT USE ONLY:

This application for use is approved for the following:

School Location: _____

Dates: _____ Time of Use: _____

This application for use is denied for the following reason(s):

WCSD Site Administrator Name, Title: _____

WCSD Site Administrator Signature: _____ Date: _____

WCSD Site: _____

Housekeeping Administrator Signature: _____ Date: _____