Bexley City School District
348 South Cassingham Road
Bexley, Ohio 43209
Telephone: 231-7611

BEXLEY CITY SCHOOL DISTRICT CONTRACT FOR USE OF FACILITIES

Permit Number _____

Application Date _____

Type of Rental: (Check One)

- ❑ Class 1: BCSD Program
- ❑ Class 2: BCSD Related / Bexley City Recreation
- ❑ *Class 3: BCSD Related Proprietary Group (90%)
- ❑ Class 4: Bexley Community Organization
- ❑ *Class 5: BCSD Related Proprietary Group (50%) or Bexley Resident for Private Use
- ❑ Class 6: Non-school / Non-Community Organization and/or Proprietary Group

ACTIVITY / PURPOSE _____

FACILITY TO BE USED _____

SPONSORING GROUP _____ # OF PEOPLE EXPECTED _____

*PERCENTAGE OF BEXLEY RESIDENTS IN GROUP? (check one) ❑ 50-89% ❑ 90% or more

DATE(S) NEEDED _____

_____

NAME OF RESPONSIBLE INDIVIDUAL _____

ADDRESS & ZIP CODE _____

TELEPHONE _____ (BUSINESS) _____ (HOME) EMAIL _____

ADDITIONAL NEEDS DURING RENTAL _____

TO BE COMPLETED BY APPLICANT

AREA(S) OR ROOM(S) REQUESTED	TIME TO BE USED	TOTAL HOURS
GYMNASIUM	TO	
CLASSROOM (RM #)	TO	
CAFETERIA	TO	
LIBRARY	TO	
KITCHEN **	TO	
THEATRE	TO	
OTHER (specify)	TO	

****Must have food service staff present**

TO BE COMPLETED BY THE DISTRICT

ESTIMATED RENTAL COST

Room Charge	=$
Room Charge	=$
Room Charge	=$
Room Charge	=$
Room Charge	=$
Room Charge	=$
Total Room Charges	=$
Maint/Cust. $35/	hours =$
Food Service $30/	hours =$
Other Services	hours =$
Total Charge for Use	=$

Will admission be charged (check one) ❑ Yes ❑ No

*** If Liability Insurance is required by the District, a copy of the policy naming Bexley City Schools District as "Additional Insured" in the amount of $1,000,000 must be submitted to the Director of Operations prior to the activity date.

Police Required by District? (check one) ❑ Yes ❑ No

Liability Insurance Coverage Required by District* ** (check one) ❑ Yes ❑ No

HOLD HARMLESS AGREEMENT

I have read the rules governing the use of school facilities attached and hereby agree to all the terms and conditions. I also agree to indemnify and hold harmless the Bexley City Board of Education and their agents and employees from all liability, claims, demands, damages, or costs, for, or arising out of injury and/or incident whether it be caused by the negligence of the indemnitor or the Bexley City Board of Education or either party's agents or employees, or otherwise.

Signature _____

APPROVALS

_____ / _____
Building Principal Date

_____ / _____
Director of Operations Date

_____ / _____
Superintendent of Schools Date