

## REQUEST FOR USE OF LYONS CENTRAL SCHOOL FACILITIES

Name of Organization: \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

Requested by: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Desired: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Doors will be opened 15 minutes prior to the event.

Purpose for Use of Facilities: \_\_\_\_\_

Area of Facilities Requested: \_\_\_\_\_

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

Number of Participants: Adults: \_\_\_\_\_ Students: \_\_\_\_\_

Name and cell phone number of each Adult in charge of the event (Someone must be always onsite):  
\_\_\_\_\_  
\_\_\_\_\_

☐ In-House School  
Function

☐ Board Approved  
Community Partner

☐ Outside  
Group/Organization

**\*\*Request for use of the building beyond regular school hours requires payment prior to the event of all expenses that will be incurred by the organization requesting the use of the facilities. Once approved, the organization will be contacted by the District with the amount that is due.**

### Directions

- Complete this form and leave with the appropriate building main office.
- Requests by outside groups or organizations require approval by the Board of Education. Board meetings are held the first Tuesday of each month.
- Requests made by In-House School Functions or Board of Education Approved Community Partner must give a minimum of four (4) days advance notice.
- Request for use of facilities by an outside group requires Certificate of Liability Insurance in the amount of \$1,000,000.00 and must accompany the organizations request.

In consideration for receiving permission to use the Lyons School District facilities, related contents, and equipment, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE, the Lyons School District, their officers, agents, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such use, or while in, on or upon the premises where the facility use is occurring.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Approved by:

Principal/Date: \_\_\_\_\_ Director of Facilities/Date: \_\_\_\_\_

Superintendent/Date: \_\_\_\_\_ Athletic Director/Date: \_\_\_\_\_

Board Approved Date if necessary: \_\_\_\_\_ Invoice Sent: \_\_\_\_\_