

Use of Facilities Agreement

Please fill in all information with a red* to ensure your request will be processed.

*School requested: _____ *Date: _____

*Organization Name: _____ *Address: _____

*Person Responsible: _____ *Address: _____

*Postal Code: _____ *Phone: _____

*Email Address: _____ *Fax: _____

*Date required: _____ *Date required: _____

*Time of Use applied for: _____

Requirements (facilities/equipment if any):

- North Gym
 South Gym
 Laboratories
 Classroom
 Food Lab
 Shops
 Washrooms
 Stage
 Band Room
 Washrooms
 Showers
 Library

Equipment (specify): _____

Other: (specify) _____

*Purpose/Activity: _____

Fees:

1. Use of Facilities:	\$	
2. Use of Equipment:	\$	
3. Custodian:	\$	
4. *Liability Insurance Premium	\$	
5. Other: (specify)	\$	
6. TOTAL:	\$	

If no fee, please specify reason:

User's Name: _____

Division Approval/Name: _____

User's Phone: _____

Division Approval/Signature: _____

User Signature: _____

School Use Only (After Use of Facilities)

Custodian (on duty):

Extra Custodial Cost: hrs @ -

Damage (if any):

Estimate cost of repair or replacement:

Comments/Recommendations:

Liability Insurance Premium

Outside User Liability Insurance Rates - \$2,000,000 Commercial General Liability				
		Premium		
SPORTS	# of Participants	One Day	Two Days	Seasonal
Badminton, Dance Lessons, Horseshoes, Tennis	1-25	\$25	\$25	\$75
	26-100	\$50	\$50	\$150
	101-250	\$75	\$75	\$225
	Over 250	Refer	Refer	Refer
Baseball, Basketball, Field Hockey, Floor Hockey, Handball, Racquetball, Soccer, Squash, Softball, Volleyball, Swimming with Lifeguard, Non-Contact Touch/Flag Football, Track & Field	1-25	\$50	\$75	\$150
	26-100	\$100	\$100	\$300
	101-250	\$150	\$225	\$450
	Over 250	Refer	Refer	Refer
Recreational Non-Contact Ball Hockey	Pick-up Max 30	\$50	\$75	\$100
	Players League	Refer	Refer	Refer
		Premium*		
MEETINGS AND OTHER EVENTS	# of Participants	Day	2-3 Days	Over 3 Days or Seasonal
Example: Arts & Crafts, Bridge, Sewing Groups, Church Meetings, Rummage Sales, Prenatal Classes, Seniors Group Meetings, Family Reunions, Teas, Homecomings, Birthday and Anniversary Parties	1-25	\$25	\$50	\$75
	26-100	\$50	\$100	\$150
	101-250	\$100	\$200	\$300
	251-500	\$150	\$300	\$500
	Over 500	Refer	Refer	Refer
Activities Not Listed - Contact L. Baker at Western Financial Group Insurance Solutions Phone: 1-800-665-8990 ext. 7220				

If Liability Insurance is being acquired on this form, a copy of the completed application must be faxed to Linda Baker at Western Financial Group Insurance Solutions at 204-957-0678. Western Financial Group Solutions will then invoice the Division for the premium(s).

This is to certify that (I) _____ while occupying said facilities, will provide and be responsible for adequate (my organization)

adult supervision and the security of school property and will abide by all rules and regulations as established by the school and/or DIVISION. I (we) agree to pay for any damages incurred to property and/or equipment and to pay rental fees as outlined. The permit holder (user group) will protect, indemnify and hold harmless the School Division as its agents from all claims for damages that may arise out of the use of buildings or grounds by the permit holder. If liability insurance premium is not indicated above, the permit holder (user group), agrees to obtain his/her own liability insurance for this event.

Dated this _____ day of _____ 20 _____ Signed (contact person): _____