## MIDDLETON SCHOOL DISTRICT #134 POLICY AND PROCEDURE MANUAL

**SECTION 900 – Building and Sites** 

Facility/Equipment Lease Agreement......PROCEDURE 910-P1

TO BE COMPLETED BY LESSEE:				
NAME OF INDIVIDUAL/GROUP REQUESTING FACILITY USE:				
FACILITY:				
DATE OF USE: FROM	TO			
TIME OF FACILITY USE: FROM	TO			
PURPOSE OF USE:				
OR TIME OF EQUIPMENT PICK UP:	& RETURN			
(If equipment rental, location equipment will	be used:)  (name of equipment)			
the equipment clean and in the same condition as value.  2. To abide by all rules, regulations and policies of the Idaho Code 23-612 prohibits possession, consump 3. To hold the Middleton School District, its' employ otherwise, due to accident or injury to the person of the Accident of the personal property for a pay for any overage in hours for facilities or District Property for the personal property for a Completed Fee Schedule (Procedure 910-P2)  A Completed Fee Schedule (Procedure 910-P2)  A Facility Lease Agreement School Attachment (910-P3)  A Completed Buildings and Facilities Waiver of Liability  A Certificate of Liability Insurance (or letter requesting a Payment or alternate arrangements have been made (rese Cancellations in writing, 5 business days before event to	otion, and use of all alcoholic beverages, drugs and etc. in any public school building/grounds.  ees, volunteers, trustees, and insurance carriers harmless from any and all claims, financial and of any of the participants or their guests while on Middleton School District property.  of any individuals participating in the activity.  istrict Employees that occur beyond those listed on the fee schedule sheet.  mpleted and signed forms to this document:  (if this request is for the use of a school facility)  and Indemnity Agreement Form (910-P4)  at waiver)  ervation is not confirmed until payment is received) 10 business days in advance of event.			
Date of Request	Printed Name of Responsible Party			
ne Number(s)  Signature of Responsible Party				
Address	Email			
SCHOOL USE ONLY: Approved				
CERTIFICATE OF INSURANCE:	ReceivedWaived			
Signature of School Administrator Representing School District No. 13	Title Date			

Original: School Office Copies to: Responsible Party, Maintenance & Custodial Staff, District Office (If fees need to be determined by District Office)

Make checks payable to: MSD #134
TOTAL DUE (from fee sheet) \$
Date Paid

(ONLY IF EMPLOYEE FEES TO BE DETERMINED BY DISTRICT OFFICE) <u>DISTRICT USE ONLY:</u>				
EMPLOYEE FEES:				
Signature of District Superintendent	Title			

Developed: 6/8/2010 - Revised 6/27/11

Revised: 12/10/12 Revised: 3/9/2015