

**PERMIT FOR USE OF FACILITIES - EXHIBIT 1500-E**

**Manhasset Union Free School District  
200 Memorial Place  
Manhasset, NY 11030  
(516) 267-7720**

**PERMIT for USE of FACILITIES – 2014-2015 SCHOOL YEAR**

By using this permit, the Applicant hereby agrees to strictly comply with the rules and regulations of the Board of Education governing the use of public school buildings / fields, as outlined in 1500 – the Policy and Regulation on Public Use of District Facilities and any related policies and regulations. The Applicant shall not deny participation in the use of school facilities to any person on the grounds of race, color, creed, religion, religious practice, national origin, ethnic group, disability, weight, sexual orientation, gender, gender identity, sex, age or marital status or any other characteristic protected by federal, state or local law. The Applicant shall take the utmost care in the use of the school property arising from the occupancy of any portion of the building / field. The Applicant also agrees that they will hold the school district harmless against all claims, damages, or causes of action for damages arising during the use of the requested facilities and will indemnify the school district for all suits, orders, decrees and judgments entered on account of any injuries to person or property sustained in and about such facilities due to the negligence of the undersigned.

Use of the facilities must adhere to the information provided by the organization in the related Application for Use of Facilities (Form 1500-1).

During the event, this permit must be in the possession of the individual responsible for the organization and, if requested, must be presented for review to authorized school district personnel or security.

\_\_\_\_\_  
Armand Markarian  
Director for Facilities

\_\_\_\_\_  
Date

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**Schedule Created On:** \_\_\_\_\_

**Permit / Contract No. (Schedule ID):** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Room(s):** \_\_\_\_\_

**Event Begin Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Event Begin Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**Fax:** \_\_\_\_\_