

**Lake Washington School District No. 414**  
P.O. Box 97039 Redmond, WA 98073  
**Application for Use of School District Facilities**

**I. Name** Date of Request \_\_\_\_\_  
Bill to: \_\_\_\_\_  
Applicant or \_\_\_\_\_  
Organization \_\_\_\_\_ School \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Person in charge \_\_\_\_\_ Daytime Phone No. \_\_\_\_\_

**II. Facilities Requested**  
Check facility to be used:

<input type="checkbox"/> Small Gym	<input type="checkbox"/> Cafeteria/Kitchen	<input type="checkbox"/> Board Room	<input type="checkbox"/> Custodial Charge
<input type="checkbox"/> Gym	<input type="checkbox"/> Classroom #: _____	<input type="checkbox"/> Conference Room	Hours From _____
<input type="checkbox"/> Fieldhouse	<input type="checkbox"/> Multipurpose Room	<input type="checkbox"/> Field Lights	To _____
<input type="checkbox"/> Theatre	<input type="checkbox"/> Locker Room/Shower	<input type="checkbox"/> Pool	
<input type="checkbox"/> Library	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Auditorium	<input type="checkbox"/> Equipment: _____		

**III. Time & Dates**

Dates: \_\_\_\_\_ Hours: From \_\_\_\_\_ To: \_\_\_\_\_

Dates: \_\_\_\_\_ Hours: From \_\_\_\_\_ To: \_\_\_\_\_

Dates: \_\_\_\_\_ Hours: From \_\_\_\_\_ To: \_\_\_\_\_

Day of Week:    M    T    W    TH    F    S    SU Circle Days

**IV. Purpose** Describe Briefly \_\_\_\_\_

A. Will admission be charged?    Yes    No

B. Fund Raising?    Yes    No

C. Primary use is for    Adult    Child

D. Number of People expected \_\_\_\_\_

E. How much do you expect to net? \_\_\_\_\_

F. What type of supervision will be provided? \_\_\_\_\_

**V. Payment of Rental Fees**  
**Rental Fees shall be determined by the latest established rental rates.**  
**Estimated facility use fees must be PREPAID before the building use application will be approved.**

Facility Rental Fee _____	Hours x _____	Cost / Hr = \$ _____
Energy Surcharge _____	Hours x _____	Cost / Hr = \$ _____
Custodial Charge _____	Hours x _____	Cost / Hr = \$ _____

**VI. Agreement and Insurance**

The applicant hereby agrees to abide by the laws of the State of Washington, King County, and by the regulations of the Lake Washington School District No. 414. It is understood these laws specifically prohibit the use of tobacco products and alcoholic beverages on district property. It is also understood and agreed by the applicant that this permit may be revoked or cancelled by the Lake Washington School District No. 414 at any time with or without cause. The applicant agrees to protect, indemnify and save harmless the Lake Washington School District, the School Board, District employees, and volunteers from any and all claims, liabilities, damages, or rights of action directly or indirectly growing out of the use of the premises covered by this application.

It is understood that in the event of damage arising from the use of the facility the applicant will be held responsible for all expenses incurred by the district and billed accordingly. The user is required to provide evidence of a Comprehensive General Liability insurance policy naming the Lake Washington School District as an additional insured with an additional insured endorsement. This policy shall be procured at the user's expense. The policy will provide primary coverage with written limits of not less than \$1,000,000, Combined Single Limits per occurrence. Coverage cannot be cancelled or reduced without thirty (30) days written notice to the District.

The Certificate of Insurance evidencing the coverage with an additional insured endorsement naming the Lake Washington School District as an additional insured must be submitted to the Risk Management Department.

For complete insurance requirements see Section II part 7, of the Rules and Regulations of Community Use of School Facilities.

I have read the rules and regulations above and on the reverse side of this form and agree with the established guidelines and requirements.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR DISTRICT USE ONLY	ACCOUNTING USE ONLY
<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	
PRINCIPAL'S SIGNATURE _____	DATE _____
SSC ADMINISTRATOR (JUNE 15-AUGUST 31) _____	DATE _____
ACCOUNTING APPROVAL _____	DATE _____
EVIDENCE OF INSURANCE REQUIRED    YES <u>  </u> NO <u>  </u>	

**PLEASE CHECK USER CLASSIFICATION**

1     2     3     4     5

SEE REVERSE SIDE

APPLICATION NUMBER **38924**