

Milford Exempted Village School District
FACILITY USE AUTHORIZATION AND RENTAL APPLICATION
 For Individuals and Community Groups

Section I: (To be completed by persons requesting building rental)

Name of Group: _____ Type of Activity: _____

Type of Group: Commercial Non-Profit PTO/PTA

of Participants/Spectators: _____ # of Adults/Supervisors in Charge: _____

of Participants that are Milford EVSD Residents _____

Location (circle one): High School Jr. High Boyd E. Smith Seipelt Elem.
 Meadowview McCormick Mulberry Pattison
 Main Miami/ Preschool Board Office

Proof of Insurance Attached?: Yes ___ No ___

Specify Area/Room: _____

Date(s) of Activity	Day of Week	Time of Activity (include set-up/clean-up)
_____	_____	From _____ am pm To _____ am pm
_____	_____	From _____ am pm To _____ am pm
_____	_____	From _____ am pm To _____ am pm

Any group utilizing district facilities causing a false alarm will be charged \$25 for each "alarm drop." Non-profit organizations that have rental fees waived will be charged a minimum of one hour if they require the services of a custodian.

By signing this application, the person whose signature appears below signifies that he/she is responsible for the group, will see that the building is not misused, that groups have proper adult supervision, and that the buildings and groups are used in conformity with the Rules and Regulations of the Board of Education of the Milford Exempted Village School District. It is also understood that school activities have priority for the use of any building, even if you possess a signed contract. A custodian must be maintained in the building at all times during the period of use. The group or person will be responsible for proper use of the facility and for payment of any fees, charges, or damages. Any and all excessive clean-up done by custodians will result in a charge to the rental group/person. This charge is at the discretion of the custodian on duty. Failure to notify building principal in time to cancel custodian opening building or event/activity cancellation may result in an assessment of 3 billed custodial hours. In the event of school closure due to weather conditions, all building usage is cancelled.

Responsible person agrees to indemnify and HOLD HARMLESS the Milford Exempted Village School Board of Education and their agents and employees from all liability, claims, demands, damages, or costs, for or arising out of injury or alleged injury to any and all members of the group whether it be caused by the negligence of indemnitor or Milford Exempted Village School Board of Education or either party's agents or employees, or otherwise.

Signature of Person Responsible: _____ Date: _____

Kitchen Access: Yes ___ No ___ (If yes, please call Milford Food Services at 831-5027.)

Additional Info: _____

Person Responsible (please print): _____

Daytime Phone: _____ Address: _____

E-Mail Address: _____

Section II: (To be completed by building principal or their designee)

Custodial Services Needed: Yes ____ No ____ (approx. # of hrs. _____ x per hour \$ _____ = \$ _____)

Facility use approved ____ **Not approved** ____ **Signed:** _____ **Date:** _____

(Forward to business office for final approval)

Section III: (To be completed by business office)

Custodial Services Needed: Yes ____ No ____ (approx. # of hrs. _____ x per hour \$ _____ = \$ _____)

Proof of Insurance: Yes ____ No ____

Community Group _____

Non-Profit Group _____

PTO/PTA _____

Rental Rate _____

Facility use approved ____ **Not approved** ____ **Signed:** _____ **Date:** _____



MILFORD EXEMPTED VILLAGE SCHOOL DISTRICT

WAIVER LETTER TO INDIVIDUALS OR GROUPS THAT CONTRACT WITH THE SCHOOL TO USE FACILITIES.

Milford Exempted Village School District is committed to provide *students, staff, and visitors* with a safe environment. We have joined a community effort to implement a Public Access Defibrillation (PAD) program in our facility. **Automated External Defibrillators (AED's) have been placed in the following location(s):**

Location of AED: _____

We have trained staff available during regular school/business hours. However, please be advised that trained staff **MAY NOT** be available to assist in the event of an emergency. If someone is trained in CPR and the use of the AED, please feel free to utilize our defibrillator. We encourage everyone to participate in our community effort to be cardiac safe.

If a medical emergency event occurs, please **activate 911**. If you use the AED, **please contact the name of the person listed inside the cover so that we may replace any material used in the resuscitation effort.**

We would encourage everyone to learn CPR and how to use the AED. It could be the difference between life and death. For information on classes scheduled for our area, the American Red Cross at 513-792-4000, or the American Heart Association at 513-281-4048.

Sincerely,

Patty Price RN, BSN
District Nurse
(513)576-2214

Signed: _____

Signed: _____

Groups contracting with your facility should sign and return a copy of this and you should keep it on file.