

Trussville City Schools Use of Facilities Agreement For Trussville Parks and Recreation

The request for use of facilities based on this form is a communication between key personnel in Trussville City Schools and Trussville Parks and Recreation, conditional upon acceptance by Trussville City Schools. Please provide the information below for consideration.

| | |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of this request: | |
| Event or Program Title | |
| Sponsored by Trussville Parks and Recreation | Yes _____ No _____ |
| Is this for Trussville students only | Yes _____ No _____ |
| Is this a Fund Raiser | Yes _____ No _____ |
| Age group of students involved: | |
| Verification of Liability Insurance | Please attach a copy of your Verification of Liability Insurance to the Agreement. The Superintendent of Education may at her discretion, waive the requirements of this paragraph. |

Acceptance of this offer of Use of Facilities and the provisions of this Agreement should be indicated by signing in the spaces provided below and returning the original copy to Trussville City Schools.

In exchange for the use of the school facility listed above, applicant expressly agrees:

1. That Trussville City Schools reserves the right to terminate this agreement at any time (**Example of possible termination: loss of utilities (power, water, etc.), impending inclement weather, unexpected need by TCS, etc.**)
This agreement must be turned in six weeks in advance of start date for requested event.
2. To use the school facilities only for the purpose identified above.
3. To enforce the Board's prohibition against smoking, drugs, alcohol, weapons and other such activities and/or items on school property.
4. To indemnify and hold harmless the Trussville City Board of Education, including all officials, agents and employees, separately and collectively, from any and all claims arising from applicant's use of the school facility. This indemnity agreement not only requires applicant to pay any adverse judgment against the School Board arising from applicant's use of the facility, but also requires applicant to provide the Board, its officials, agents and employees, with legal defense at applicant's expense which includes costs, expenses, and attorney fees.
5. To assume full responsibility for any and all damages to the school facility caused, directly or indirectly, by the applicant's use of the facilities.
6. **The applicant also agrees to clean up before they leave that facility. The facility should be returned in the condition it was found. This involves and is not limited to**
 - **Picking up garbage/emptying garbage cans to the dumpster, and replacing garbage bags.**
 - **Cleaning, disinfecting and restocking restrooms**
 - **Turn off lights upon exiting the facility. Alarm is set and doors are locked**
7. I understand any service calls for this facility will result in an individual billing rate of \$75.00 per hour for each technician required. The billing rate starts at the time the technician is called. Failure to pay the invoice may result in termination of the use of facilities.

I acknowledge that I have read, understand and agree to abide by all provisions of the foregoing agreement. I have attached a calendar showing specific dates and times, plus verification of insurance.

Director of Parks and Rec Signature: _____ **Date:** _____

I acknowledge that I have read, understand and agree to abide by all provisions of the foregoing agreement.

Supervisor or Coach Responsible for Event Requested:
Name (Please Print):

Signature:

Date:

Email:

Phone:

Cell Number:

| Please add a check mark beside each facility being requested below. | | |
|---------------------------------------------------------------------|--------------------------|-------------------------|
| Paine Campus | <input type="checkbox"/> | Specify area requested: |
| Magnolia Elementary | <input type="checkbox"/> | Specify area requested: |
| Cahaba Elementary | <input type="checkbox"/> | Specify area requested: |
| Hewitt Trussville Middle | <input type="checkbox"/> | Specify area requested: |
| Hewitt Trussville High | <input type="checkbox"/> | Specify area requested: |

NEXT STEPS:

1. Complete the attached calendar to show specific dates and times of this request.
2. Upon completion of these forms, please return to TCS.
3. TCS will submit the form for signatures below and board approval.
4. Parks and Rec will be notified after Board approval.

FOR INTERNAL USE ONLY:

| | | |
|--------------------------------|-------|----------------------|
| Paine Elementary | Date: | Principal Signature: |
| Magnolia Elementary | Date: | Principal Signature: |
| Cahaba Elementary Principal | Date: | Principal Signature: |
| HTMS | Date: | Principal Signature: |
| HTMS Assistant Principal | Date: | Principal Signature: |
| HTHS | Date: | Principal Signature: |
| HTHS Asst. Principal | Date: | Principal Signature: |
| Athletic Director | Date: | Signature: |
| Assistant AD for Football | Date: | Signature: |
| Track and Field Coaches | Date: | Signature: |
| Facilities Coordinator | Date: | Signature: |
| TCS CFO | Date: | Signature: |

Date of Board approval: _____

February 2022

School/Room: _____

Activity: _____

Coach/Person Responsible: _____

**Write in the dates
and times on the
calendar for the
request.**

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| 30 | 31 | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 1 | 2 | 3 | 4 | 5 |

March 2022

School/Room: _____

Activity: _____

Coach/Person Responsible: _____

**Write in the dates
and times on the
calendar for the
request.**

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|-----------|-----------|-----------|-----------|-----------|----------|
| 27 | 28 | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | 1 | 2 |

April 2022

School/Room: _____

Activity: _____

Coach/Person Responsible: _____

**Write in the dates
and times on the
calendar for the
request.**

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| 27 | 28 | 29 | 30 | 31 | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |

May 2022

School/Room: _____

Activity: _____

Coach/Person Responsible: _____

Write in the dates and times on the calendar for the request.

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | 1 | 2 | 3 | 4 |

June 2022

School/Room: _____

Activity: _____

Coach/Person Responsible: _____

Write in the dates and times on the calendar for the request.

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| 29 | 30 | 31 | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 1 | 2 |

July 2022

School/Room: _____

Activity: _____

Coach/Person Responsible: _____

**Write in the dates
and times on the
calendar for the
request.**

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| 26 | 27 | 28 | 29 | 30 | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | 1 | 2 | 3 | 4 | 5 | 6 |

August 2022

School/Room: _____

Activity: _____

Coach/Person Responsible: _____

Write in the dates and times on the calendar for the request.

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| 31 | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | 1 | 2 | 3 |

September 2022

School/Room: _____

Activity: _____

Coach/Person Responsible: _____

**Write in the dates
and times on the
calendar for the
request.**

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| 28 | 29 | 30 | 31 | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 1 |

October 2022

School/Room: _____

Activity: _____

Coach/Person Responsible: _____

**Write in the dates
and times on the
calendar for the
request.**

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| 25 | 26 | 27 | 28 | 29 | 30 | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 | 1 | 2 | 3 | 4 | 5 |

November 2022

School/Room: _____

Activity: _____

Coach/Person Responsible: _____

**Write in the dates
and times on the
calendar for the
request.**

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| 30 | 31 | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 1 | 2 | 3 |

December 2022

School/Room: _____

Activity: _____

Coach/Person Responsible: _____

**Write in the dates
and times on the
calendar for the
request.**

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| 27 | 28 | 29 | 30 | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |