

**Ulm Public School District 85
PO Box 189 #6 Ulm Vaughn Road
Ulm, MT 59485
(406) 866-3313 Fax (406) 866-3209**

APPLICATION FOR USE OF SCHOOL FACILITY

Organization requesting facility use: _____

Facility requested: _____

Date(s) and Day of Week of requested use: _____

Hours of use: _____

Purpose of Use: _____

Name of Organization Representative: _____

Address and Phone: _____

The Ulm School District #85 encourages the use of its facilities by the public. However, it is district policy to give priority to the student use of the facilities. As such, the right to cancel a facility use is reserved by the school district when necessitated by school programming.

The use of the property must be supervised by an adequate number of adult sponsors to assure proper care and use of the facility. It is agreed that all rules and regulations for the use of the facility will be complied with and that all damage to the building or its contents resulting from this use of the facility will be reimbursed to the district at the actual cost of repair or replacement.

Whereas the district cannot budget for the additional custodial time, the activity sponsor must agree to restore the facility to the condition in which it was found including cleaning and straightening the area used by the organization.

The undersigned shall return the entry key fob to the main office. A fee of \$25 will be assessed for lost key fobs.

The undersigned organizational by signature of it's authorized representative, hereby guarantees that the organization agrees to the above conditions and shall indemnify, defend and hold harmless the Ulm School District #85 and any of it's employees or agents from any and all liability, expenses, costs (including attorney fees), damages and/or losses arising out of the connection with the organization's use of the aforementioned school facility. The undersigned further agrees to abide by non-discrimination clauses as contained in the Montana Human Rights Act and the Governmental Code of Fair Practices.

Signature _____ Date _____
Organization Representative

Signature _____ Date _____
School Official