



Alpine County Unified School District

Alpine County Office of Education

43 Hawkside Dr. Markleeville, CA 96120
530-694-2230 | www.alpinestudents.org

"LEARNING IS FOR EVERYONE"

Superintendent
Ken J. Burkhart

Board of Trustees
Amber Bill
Beverly Crawford
Joseph Daly
Amy Mecak
Amber Watts

FACILITIES USE APPLICATION/PERMIT

APPLICANT INFORMATION

Group Type: (check applicable, must show proof of non-profit status)

☐ ACUSD/COE ☐ Local Youth ☐ Non-profit ☐ Fair Market

ORGANIZATION: _____

INDIVIDUAL APPLICANT NAME: _____

ADDRESS: _____

CONTACT TELEPHONE: _____

EMAIL: _____

DESCRIBE PURPOSE/EVENT: _____

FACILITY / EVENT INFORMATION

FACILITY REQUESTED: _____

DATE(S) REQUESTED: _____

TIME OF EVENT: _____ SET UP TIME: _____

EVENT REQUIREMENTS: _____

Chairs/tables or Audio/Visual
Set up may result in additional custodial charges

OF ANTICIPATED PARTICIPANTS: _____

FEES

School Districts are permitted to charge reasonable fees to recover District costs associated with facility use.

Facility	Hourly Rate					
	ACUSD / COE	Local Youth	Non-Profit	Fair Market	Hours Requested	Total
BVE Multi-purpose Room	\$ -	\$ 9.00	\$ 26.00	\$ 51.00		
DVE Gym	\$ -	\$ 13.00	\$ 46.00	\$ 76.00		
ELC Gym	\$ -	\$ 13.00	\$ 46.00	\$ 76.00		
Student Classroom	\$ -	\$ 6.00	\$ 11.00	\$ 13.00		
DVE Field	\$ -	\$ 7.00	\$ 16.00	\$ 36.00		
Full day charges capped at 8 hours						
Additional Charges						
Event Open / Close	\$25 Flat Rate					
Custodial	\$18 / Hour					
					Event Total:	

CONDITIONS FOR USE OF SCHOOL FACILITIES: FACILITY USER agrees that the District makes no representations or warranties as to the condition of the facilities which the FACILITY USER is entitled to use, and FACILITY USER agrees to take such property and facilities "AS IS." FACILITY USER acknowledges that it shall be its responsibility and obligation to ensure that the property and facilities are in proper and safe condition to be used for the purpose anticipated. FACILITY USER further acknowledges its obligation to abide by the District's rules and regulation for the use of facilities (see reverse). By the Applicant's signature below, the FACILITY USER agrees to abide by all such rules and regulations, and further acknowledges that facility use is contingent upon compliance with these rules as well as any site rules specified by the site administrator.

REQUIRED HOLD HARMLESS AND INDEMNIFICATION: ALL PERMISSIVE USERS AGREE BY THEIR SIGNATURE BELOW TO HOLD THE DISTRICT, ITS GOVERNING BOARD AND THE INDIVIDUAL MEMBERS THEREOF AND ALL DISTRICT OFFICERS, AGENTS AND EMPLOYEES FREE AND HARMLESS FROM ANY LOSS, DAMAGE, LIABILITY, OR EXPENSE THAT MAY ARISE OUT OF, OR IN ANY WAY BE CONNECTED WITH THIS FACILITY USE AGREEMENT. HOWEVER, THIS AGREEMENT DOES NOT PERTAIN TO LOSSES OR INJURIES THAT ARE THE RESULT OF THE SOLE NEGLIGENCE OF THE DISTRICT.

INSURANCE REQUIREMENT All organizations or individuals requesting use of district facilities shall provide verification of general liability insurance AND name the Alpine County Unified School District or Alpine County Office of Education as an Additional Insured prior to using those facilities. A certificate of liability insurance naming Alpine County Unified School District or Alpine County Office of Education as the certificate holder and an additional insured endorsement must be presented prior to receiving District Approval. The minimum limit of liability is \$1,000,000 combined single limit for bodily injury and property damage. We will NOT accept the additional insured language typed only on the certificate, a separate additional insured endorsement is required.

If any group activity results in the destruction of school property, the group may be charged for an amount necessary to repair the damages, and further use of facilities may be denied.

ACKNOWLEDGEMENT AND AGREEMENT: I have read this application and agree to the terms.

APPLICANT SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

DISTRICT APPROVALS:

- ☐ Appropriate Activity
- ☐ Facility Available on date
- ☐ Insurance Certificate Received
- ☐ Fees Received

District Official Signature: _____ Date: _____

District Comments/Conditions (optional):
