

APPLICATION AGREEMENT FOR USE OF DISTRICT PROPERTY

Must Be Submitted No Less Than 14 Days Prior to Use

STATEMENT OF INFORMATION

Legal authorization for use of school property for public purposes shall be determined by the Education Code, State of California, Division 12, Chapter 4 – Public Use of School Property for Public Purposes, Section 40040 through 40058, inclusive. The undersigned certifies that the school property for use of which this application is hereby made, will be used for lawful purposes only; and agrees to pay for any and all damages to premises and equipment occasioned by the use and occupancy; and to assume sole responsibility for any and all claims for loss, damage, injury, or liability resulting from said use and occupancy, saving the District and its officers, agents, and employees harmless from any such claims; and that they have read and agree to comply with all requirements set forth on this document. Rental fees, staff salaries and deposits may be subject to advance payment. In the event of a scheduling conflict, the applicant shall understand that the use for Santa Maria Joint Union High School District purposes shall have priority over any other request. **NO ALCOHOLIC BEVERAGES OR TOBACCO PRODUCTS ARE ALLOWED ON ANY DISTRICT PROPERTY. Warning: Use of steroids to increase strength or growth can cause serious health problems. Steroids can keep teenagers from growing to their full height; they can also cause heart disease, stroke, and damaged liver function. Men and women using steroids may develop fertility problems, personality changes, and acne. Men can also experience premature balding and development of breast tissue. These health hazards are in addition to the civil and criminal penalties for unauthorized sale, use, or exchange of anabolic steroids.**

INSURANCE REQUIREMENTS: Required certificate of liability insurance naming Santa Maria Joint Union High School District as additional insured with **combined** limits of \$1,000,000 for personal injury and property damage, which includes terms of coverage, limits of liability, name of company, and policy number **MUST BE ON FILE PRIOR TO EVENT.**

Applicant Name: _____ Organization _____
 Address: _____ City _____ Zip _____
 Phone (Daytime): _____ (Evenings): _____
 Email Address: _____
 Description of Activity: _____ Expected Attendance _____
 Is event open to the public? YES NO Will admission/donation be made? YES NO If YES, Amount \$ _____
 Classification of Organization: Private Public Non-Profit Tax Exempt Number _____
 Date of Application: _____ Signature:

Cancellation notice must be received in writing at the School Site 72 hours prior to your scheduled event to avoid minimum charges. Changes to requested times and/or set-up arrangements must be presented to the Facility Plant Manager 5 days in advance and are subject to District approval.

Santa Maria High School Facility Desired

DATE(S) and TIME(S) of Use (Include set-up and break-down time)

- Wilson Gym Football Stadium Track Concession Stand
 Pool Showers Baseball/Softball Fields Small Gym EPA
 Cafeteria/Multi-Purpose Room Bleachers (Home Visitors Side)
 Dance Studio Classroom (#) _____ Other _____

Note: Use of Concession Stand Requires A Health Permit.
 NO FOOD OR DRINK ALLOWED IN GYM, STADIUM, OR EPA (WATER ONLY).
 FOOD OR DRINK ARE PERMITTED ONLY IN FRONT LOBBY OR OUTSIDE.

EQUIPMENT

- Folding Chairs # _____ Folding Tables # _____
 P.A. System Podium Projector Screen EPA Lighting
 Parking Lot/Access Gate Other _____

Note: May need to submit drawing of set-up.

FACILITY PERSONNEL USE ONLY

FACILITIES AVAILABLE: YES NO
 PLANT MANAGER APPROVAL:
 ATHLETIC DIRECTOR APPROVAL:
 SITE ADMINISTRATOR APPROVAL (IF REQUIRED):
 OTHER APPROVAL (IF REQUIRED):
 NOTES/COMMENTS: _____

DATE	DAY	Hours of Use Specify A.M. or P.M.
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

Applicant Notes/Comments:

SITE OFFICE USE ONLY

FEE ESTIMATE: \$ _____ DEPOSIT: \$ _____ w/DUE DATE on: _____ INSURANCE CERTIFICATE REQUIRED by: _____
 DISTRICT APPROVAL: DATE: _____ NOTES/COMMENTS: _____