Building Requested (please check):

___ Central Administrative Bldg. (419) 874-9131

___ Perrysburg High School (419) 874-3181

___ Perrysburg Jr. High School (419) 874-9193

___ Fort Meigs Elementary (419) 872-8822

___ Frank Elementary (419) 874-8721

___ Toth Elementary (419) 874-3123

___ Woodland Elementary (419) 874-8736

Perrysburg Exempted Village Schools

140 E. Indiana Ave.
Perrysburg, Ohio 43551

Application for Use of Facilities

Please contact the building you want to use to check on availability of facilities and submit this completed form to that building.

Event: _____ Today's Date: _____

Sponsoring Organization Name: _____

Address: _____

On-site Responsible Person: _____ Home Ph#: _____ Cell Ph#: _____

E-Mail: _____

Will Admission be charged? ____ Yes ____ No

*** When advertising please publish a phone number so interested people can* ***Contact YOU*** *for information.*

***** Permit holder MUST be present at ALL rental times.***

Date of Event: _____ Start Time: _____ End Time: _____

Description of Event: _____

Facilities Requested (Check): ___ Classroom ___ Auditorium ___ Gym ___ Cafeteria ___ Grounds ___ Conference Rm ___ Other: _____

Please List Other Needs (Check):

___ Microphone ___ Tables (# needed) ___ Chairs (# needed)

___ Sound System Other Items: _____

I understand the regulations governing the use of school facilities, have completed the "Hold Harmless Clause"and the "Bloodborne Pathogens Policy" on the back of this form, and hereby agree to all terms and conditions. Proof of comprehensive liability insurance in amounts not less than $500,000/individual and $1,000,000/aggregate claim is required if applicant is not a school-sponsored group.

Signature: _____

Office Use Only

Approved	Denied			
☐	☐	Building Principal: _____	Date: _____	
☐	☐	Business Department: _____	Date: _____	

Estimated Charges

Facility Rental Chrg: _____

Equipment: _____

Personnel: _____

Reason if NOT Approved: _____

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Hold Harmless Clause

FOR AND IN CONSIDERATION OF the use by _____
(name of group/organization)

(indemnitor) of the facilities and/or equipment of the Board of Education, Perrysburg Schools, _____
(name of group/org.)

(indemnitor) hereby agrees to indemnify and HOLD HARMLESS the Perrysburg Board of Education and its agents, representatives, members, and employees from any and all liability, claims, demands, damages, attorneys fees, expenses or costs for, or arising out of _____
(describe use and building/facility to be used)

on _____, caused by the negligence of its agendts or representatives or employees.
(date of use)

Signature: _____

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Bloodborne Pathogens Policy

As the person responsible for _____
(name of group/organization)

I am aware of and have reviewed the Exposure Control Plan for Bloodborne Pathogens for Perrysburg Schools. A copy of the plan is available in each principal's office and central office.

I agree to be the person responsible to assure that any injuries or occurrances involving blood or bloodborne pathogens will be handled in accordance with this policy.

Signature: _____

******** PERMIT HOLDER MUST BE PRESENT DURING ALL ACTIVITIES********