

**Facilities/Equipment Use Agreement  
Forsyth Public Schools**

**4330P**

Requesting Organization/Individual: \_\_\_\_\_

Facility/Equipment Requested: \_\_\_\_\_

Description of Use: \_\_\_\_\_

Date of Use and Day(s) of Week: \_\_\_\_\_

Hours of Use: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Organization Representative: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional equipment or apparatus needed: \_\_\_\_\_

**\*\*Basketballs are to be provided by requesting group (AAU, Traveling Team, etc.) District will not provide basketballs**

Proof of liability insurance (Company Name) \_\_\_\_\_ Amt Due: \$ \_\_\_\_\_

The Forsyth School District encourages the use of its facilities by the public. However, it is a district policy to give priority to the student use of the facilities. In this request, the right to cancel a facility use is reserved by the school district.

The use of the property shall 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 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.

The undersigned organization, by signature of its authorized representative, hereby guarantees that the organization/*individual* shall indemnify, defend and hold harmless the Forsyth School District and any of its employees or agents from any liability, expenses, costs (including attorney fees), damages and/or losses arising out of injuries or death to any person or persons or damage to any property of any kind in connection with the organization's use of the aforementioned school facility which are not the result of fraud, willful injury to a person or property or the willful or negligent violation of a law. The undersigned further agrees to abide by non-discrimination clauses as contained in the Montana Human Rights Act and the Government Code of Fair Practices.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Organization Representative

School Use Only                      Circle One:      Approved      Denied

Signature: Elementary Principal \_\_\_\_\_ Date \_\_\_\_\_

High School Principal \_\_\_\_\_ Date \_\_\_\_\_

Activities Director \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Check Out: Condition of Equipment on check out \_\_\_\_\_

Check out by: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Check In: Condition of Equipment on check in \_\_\_\_\_

Returned by: \_\_\_\_\_ Received by: \_\_\_\_\_ Date \_\_\_\_\_

Total Fee: \_\_\_\_\_ Deposit: \_\_\_\_\_

**Forsyth Public Schools**  
**Electronic Lock Key Fob Checkout and Procedures**

Name of Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Fob is to be used for access to: (building/room) \_\_\_\_\_

For the following purpose: \_\_\_\_\_

Fob access is for the following date and time period:

From \_\_\_\_\_ to \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
Beginning date Ending date Time Time

From \_\_\_\_\_ to \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
Beginning date Ending date Time Time

I understand and acknowledge that I will be held responsible for the following rules and procedures and that failure to follow these rules and procedures may result in the fob being disabled and loss of building use privileges.

1. Only the individual to whom the fob is issued may use it.
2. The individual will be held responsible for any damage caused by any members of the group that he/she sponsors.
3. Students and children are not to be left unattended at any time and are to be kept in the area that is being used by the group.
4. All areas used by the group will be checked prior to leaving. (Showers, restrooms and hallways must be checked.)
5. All equipment must be put away
6. The gym floor or wrestling mat (if used) must be swept or cleaned as is appropriate.
7. Any personal property left behind by any students may be disposed of by the school.
8. Lights must be turned off
9. Doors must be secured.
10. Any issues or damages noted must be reported to the administrative staff no later than the next business day, unless it is of a nature that would cause further damage to the building, then it must be reported immediately.

There is a \$10.00 deposit for all fobs. The deposit is refundable for individuals who utilize District facilities for less than one week. For use beyond a week, a \$5.00 refund of the deposit may be given if the fob is not damaged as is determined to be usable.

Fob Number Issued: \_\_\_\_\_

Responsible Party's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fob Issued By: \_\_\_\_\_ Date: \_\_\_\_\_

Date Fob Returned: \_\_\_\_\_ Refund given: \_\_\_\_\_

**Schools Gymnasium and Weight Room  
Community Use Agreement**

                     School District believes in the promotion of a healthy lifestyle for our students and community. To support that belief, the School District allows non-students access to the        gymnasium and weight room. Access to the gymnasium and weight room can on these days and time                     .

This agreement must be strictly adhered to by the patron or access will be immediately suspended and the access fee will be forfeited. The following conditions and District Policies 4301, 4315, 4332, and 4330P must be adhered to at all times by the patron:

1. No tobacco, alcohol, marijuana, or other illegal substance is allowed in the weight room.
2. Proper attire, including closed-toed shoes should be worn at all times.
3. All weights, machines, and apparatus can only be used for their intended purpose. Modification of equipment is not allowed.
4. No one under the age of 18 is allowed in the gymnasium and weight room without adult supervision and the purchase of their own access card.
5. Access to the gymnasium and weight room is for an individual. Access cards cannot be used by anyone other than the signers of this agreement. Use or access by unauthorized persons will result in permanent loss of facility use.
6. All equipment must be returned to its proper place after use.
7. Any problems with equipment needs to be reported immediately to the school office.
8. All garbage must be taken out with the patron when they leave.
9. Gymnasium and weight room is being monitored by security cameras. Tampering with door locks, alarms or security cameras will result in permanent loss of facility use.
10. No other portion of the school, the gym, or locker rooms is included with gymnasium and weight room access. Gymnasium and weight room access is restricted to those two areas.

As a condition to use the facility, you are required to complete the enclosed form. It is the policy of the School District to require an acknowledgement of risk and emergency medical treatment release as a condition of participating in this activity. If you would like to use the facility, please carefully read and sign this document.

I agree to and will follow Gymnasium and Weight Room Community Use Agreement. I understand that the gymnasium and weight room is being monitored with audio and video surveillance. I accept and acknowledge that my access card will be deactivated and I may lose future permission to access the facility if I permit any unauthorized person to use the card or access the facility. I further accept and acknowledge that that my access will be deactivated and I may lose future permission to access the facility if I violate any of the conditions outlined in this agreement. Any violation of this agreement will result in forfeiture of my access fee.

Use of the facility requires physical activity and exertion. There is an inherent risk of injury in this type of activity. By signing this agreement, I acknowledge that the school district will maintain the facility. I, the undersigned, further acknowledge and understand that, regardless of all feasible safety measures that may be taken by the district, physical activity and exertion entails certain inherent risks. I certify that my I am physically fit and medically able to use the facility. I further certify that I understand that the school district does not provide supervision for my use of the facility, other than the video surveillance noted above, and that there may not be a supervisor present during my use of the facility.

I agree to accept responsibility for my use of the facility. I acknowledge there are no assurances these measures taken by the School District to prevent injuries or prevent the spread of illnesses at this event or

at this facility. These inherent risks that attendees specifically acknowledge include but are not limited to injury; illness; hospitalization, chronic health issues, quarantines of an unknown duration to be determined by governing authorities and death. By voluntarily entering this event or facility, I am specifically acknowledging awareness and knowledge of these inherent risks. All School District Policies are in effect when accessing this facility. Any negligence arising out of my access to this facility shall be attributed to you as comparative negligence within the meaning of Section 27-1-702, MCA.

I, the undersigned, authorize qualified emergency medical professionals to examine and, in the event of injury or serious illness, administer emergency care to me if required under the circumstances based on, and in accordance with, their medical training. I understand every effort will be made to contact the family or contact person noted below to explain the nature of the problem prior to any involved treatment. I understand emergencies may require immediate treatment in the opinion of medical professionals. In the event it becomes necessary for the district staff in charge to obtain emergency care for me, I understand that neither the district employee in charge of the activity nor the school district assumes financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances.

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency contact information (if different than the above-listed phone number): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Class Participant

District Designee Signature: \_\_\_\_\_