INDEPENDENT SCHOOL DISTRICT NO. 1 AITKIN MN 56431

FACILITY / FIELD / EQUIPMENT USE AND RENTAL AGREEMENT (FORM 902-2 Revised on 03/17/2014)

School Building:	Space Requested: Room(s)
Dates Needed:	Estimated Size of Group:
Reason for Request:	
Equipment Needed (microphone, ex	tra chairs, etc.):
Estimated Beginning Time Use:	Estimated Ending Time Use:
Non-school events require proof of in	nsurance. Is a certificate attached? Yes No NA
f using the auditorium, do you wish	to use the air conditioner? (\$20 fee) Yes or No
Will you remove refuse from the site	? Yes or No
Will you be charging participation or	admission fees? Yes or No
The undersigned (USER) agrees to indemniful not into limited to attorneys' fees, reasonable or assertion of liability, or any action or proceoroperty, as identified, and any personal proposard, in connection with USER's use of the	FOR SPACE RENTAL, AIR CONDITIONER FEE, EQUIPMENT RENTAL, CUSTODIAN'S WAGE, COOK'S WAGE AND REFUSE REMOVAL. y, hold harmless and defend I.S.D. #1, a public entity, its board and employees from any and all costs and expenses, included investigative and discovery costs, court costs and all other sums which may suffer or incur as a result of any demand, claim eding founded thereon, arising or alleged to have arisen out of USER's use, during the agreed time of use or use of real perty related to that use from any act of omission by USER or of USER's employees, community participants, invitees or premises excluding, however, any costs and expenses which are incurred as a result of a gross negligence or willful es that its use of the premise is at the risk of the USER and that I.S.D. #1 shall not be liable to USER, or any of the USER's
grantee agrees to pay for any and all damage	trict No. 1 retains full possession and control of said premises, subject only to the use thereof for the purpose stated. The e done to aforementioned facility(ies) by the grantee and by any person acting through or under it. The organization is k to its original condition. Reminder: Public schools must remain alcohol free and smoking is prohibited within all district Signature:
Billing Address:	
Phone Number:	Date:
	USER MUST COMPLETE THE FORM ON THE BACK
A CHANGE AND STATE OF THE PARTY.	
Approval of the Athletic/Activity Direct	NOI:
Approval of the Superintendent:	
Approval of the Head Custodian:	
Approval of the Cook if kitchen is ne	eded:
Scheduled on Computer - Judy Anal	kala:
FOR TH	E DISTRICT OFFICE ONLY - THE FOLLOWING COSTS WERE BILLED:
Space Rental	<u> </u>
Air Conditioner Fee	Cook's Wage <u>\$</u>
Equipment Rental	\$ Refuse Removal \$
	Total Costs Billed to USER: \$.