

# BLAND ISD Facilities Use for Nonschool Purposes

## APPLICATION

Complete application and Waiver and Hold Harmless Agreement and submit forms to the Bland ISD Administration Office, P.O. Box 216, Merit, Texas 75458 or email to [jill.spear@blandisd.org](mailto:jill.spear@blandisd.org)

Organization/Group \_\_\_\_\_

Facility Requested \_\_\_\_\_

Dates Requested \_\_\_\_\_

Time: \_\_\_\_\_ to \_\_\_\_\_

Purpose \_\_\_\_\_

Special Request, if any \_\_\_\_\_

Authorized Representative \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

*District Office Use*.....

Date Received: \_\_\_\_\_ Denied: \_\_\_\_ Approved: \_\_\_\_

Building Access: \_\_\_\_\_

Applicable fees shall be determined by the Superintendent based upon application submitted for the use of a facility at Bland ISD.

Applicable Fees: Facilities -\$50.00 Supervision - \$50.00 Clean-up Costs - \$50.00

Total Fees for Facility Use: \$\_\_\_\_\_

**Fees shall be paid prior to scheduled use**

*Bland ISD Administration Office*

*PO Box 216*

*Merit, Texas 75458*

\_\_\_\_\_  
Superintendent of Schools

## **Bland ISD Facilities Use for Nonschool Purposes**

### **WAIVER AND HOLD HARMLESS AGREEMENT**

We the undersigned, in consideration of being permitted to use the premises, building, facilities or equipment of Bland ISD do hereby agree that he/she, the organization(s), heirs or assigns will not make a claim or demand against said school district, its' heirs, assigns, board of trustees, agents and employees for bodily injury or damage to his or her or the organization's property related to or arising out of the use of said property.

The undersigned does hereby further agree that in the event that if any other person makes a claim or demand against said school district, its' heirs, assigns, board of trustees, agents and employees, arising out of his or her or the organization's activities or the use of the premises, buildings, facilities, or equipment of the school district or of others that he/she or the organization's or their heirs or assigns will indemnify, defend or hold harmless said school district from said claims or demands.

Date(s) \_\_\_\_\_

Organization \_\_\_\_\_

Authorized Representative:

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

Signature \_\_\_\_\_

Witness \_\_\_\_\_