



FACILITY RENTAL APPLICATION

WEIGHT ROOM

APPLICANT'S NAME: _____

ADDRESS: _____ CITY/ZIP _____

PHONE: HM _____ WK _____ CELL _____

TYPE OF RENTAL: PRIVATE [] SCHOOL [] _____

DATE (S) OF RENTAL: _____

HOURS From: _____ To: _____ TOTAL HRS _____

User agrees to be solely responsible for any and all liability, claims, loss, damages, costs and expenses, including attorney's fees, arising out of or resulting from any injury to persons or damage to property which arise out of its use of the District's facilities. User agrees to defend, indemnify and hold harmless the District, its officers, agents, employees and volunteers against any and all such claims, demands, causes of action, suits and expenses, arising out of or resulting from its use of the District's facilities.

SIGNATURE: _____ DATE: _____



RENTAL CHARGES

	<u>HOURLY</u>	<u>DEPOSIT</u>
PRIVATE	70.00	200.00

OFFICE USE ONLY

RENTAL HOURS _____ X _____ RENTAL COST _____

SET - UP HOURS _____ X _____ SET - UP COST _____

TOTAL RENTAL CHARGES _____ RECEIPT # _____ DATE PAID _____

AMOUNT OF DEPOSIT _____ REFUND DATE _____ NAME _____

APPLICATION RECEIVED BY: _____ DATE: _____

APPLICATION APPROVED BY: _____ DATE: _____

DISTRICT MANAGER