

**INDIANA SCHOOL FOR THE DEAF
APPLICATION FOR USE OF ISD FACILITIES**

R12/08

- INSTRUCTIONS:**
1. Fax or email completed application to address shown on right of form.
 2. A minimum of two hours is required to rent a facility/area(s).
 3. A security deposit will be required before the facility can be used.
 4. A building supervisor fee is required. The fee can be waived only if you can provide a responsible ISD employee.
 5. Make two separate checks payable to ISD: One for the rental fee and one for security deposit (refundable) and building supervisor fee.
 6. Refer to www.deafhoosiers.com under Business Office for "Facility Rental Fees."

INDIANA SCHOOL FOR THE DEAF

1200 East 42nd Street
Indianapolis, IN 46205
FAX: 317.941.4615
E-mail: business@isd.k12.in.us
www.deafhoosiers.com

APPLICANT INFORMATION

Name of Applicant/Organization		Name of Contact Person	
Address (street, city, state, ZIP code)			
E-mail Address	Videophone #	Telephone #	FAX #

RESERVATION INFORMATION

Type of Facility/Area*	Date Needed (month, day, year) to	Time <u>a.m./p.m.</u> to <u>a.m./p.m.</u>
Type of Activity	Expected Number of People	
Identify how your group will make provisions to ensure supervision, safety, and security:		
Specify any special requirements (network access, chairs, tables, traffic control and etc.): NOTE: There will be an additional fee for certain requirements.		

LIABILITY RELEASE

I understand that I am responsible to ensure that all areas checked above are cleaned after use and that all equipment is returned in good working order. I am required to get the building supervisor to approve that the room(s) and/or equipment is in excellent condition. Failure to do so may result in loss of your security deposit and denial of future requests; any damages will be billed to you and/or your organization. _____ (initials)

I agree to defend and hold harmless the State of Indiana, ISD, and its agents, officers, and employees from all claims and suits including court costs, attorneys' fees, and other expenses caused by any act or omission of myself or my organization as a result of the use of the facilities.

I hereby release, waive, and forever discharge the State of Indiana, ISD, and its agents, officers, and employees from all liability (including every claim, demand, action or right of action, of whatever kind of nature, either in law or equity) to myself, my personal representatives, assigns, heirs and next to kin for all loss or damage by reason of injury to person or property, whether caused by negligence of releases or otherwise. _____ (initials)

*Before use of our athletic facilities, you are responsible to obtain and provide a copy of your liability of insurance coverage certificate. A copy of lifeguard certification is required before any scheduled use of the pool. _____ (initials)

Applicant's Signature	Printed Name	Date
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BUILDING SUPERVISION

I understand I will be responsible to oversee the facility/area mentioned above.

Building Supervisor's Signature (required)	Printed Name	Date
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FOR BUSINESS OFFICE USE ONLY

Approved by	Rental Fee \$	Security Deposit \$	Building Supervisor's Fee \$	Total \$	Check or Money Order #
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