

CLARK COUNTY SCHOOL DISTRICT
DISTRICT FACILITY USE REQUEST

CONTROL NUMBER

For Group Use (One Event/Session Per Form)		<input type="checkbox"/> Profit	<input type="checkbox"/> Non-Profit (Provide non-profit status letter)
Requested School Name: _____		Location Number: _____	
Name of Organization: _____		Responsible Person: _____	
Organization Address (PO Box Not Accepted): _____		City: _____	State: _____ Zip Code: _____
Phone/Cell #: _____		Email/Fax: _____	
Description of Events: _____			
Cost to Participants: _____		Admission Costs: _____	
Estimated # of Participants and Attendees Per Hour: _____			
Area Requested: _____		Air Conditioning Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date: _____	End Date: _____	Day of Week: _____	Start Time: _____ End Time: _____
Start Date: _____	End Date: _____	Day of Week: _____	Start Time: _____ End Time: _____
Start Date: _____	End Date: _____	Day of Week: _____	Start Time: _____ End Time: _____
<p>This form is only a request until approved by the Accounting Department. Payments are due ten (10) business days prior to the event. Once payment is received the event will be listed on the Master Event Calendar and a permit will be issued, if applicable. Events not listed on Master Event Calendar are subject to closure by School Police or other District administrators. * A new request will be required July 1st of every year.</p>			


Are any of the following high-risk activities planned for your event?

1. Circus performances, animal shows, or similar traveling shows?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Carnivals that are NOT operated by school-affiliated groups (such as PTAs, PTOs, PACs)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Use of dunk tanks, bounce houses, super slides or other inflatable apparatus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Use or discharge of weapons, fireworks or other pyrotechnic displays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Aerial operations including skydiving, hot air balloons, helicopters, or fixed wing aircraft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Use of animal or motor-driven carts and trailers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> CERTIFICATE OF INSURANCE, ENDORSEMENT PAGE, AND LIABILITY AGREEMENT (CCF-410 PAGE 2 OF 2) ATTACHED Certificates of Insurance must be completed as follows according to CCSD Regulation 3613:		

- Name and address on permit must be same as Name of Insured
- Requesting Organization **MUST** have physical street address (no PO Boxes)
- Clark County School District **MUST** be shown as Additional Insured
- Ensure that the Additional Insured Endorsement is attached to the Certificate of Insurance.
- Certificate Holder **MUST** be shown as:
Clark County School District
4828 S. Pearl St.
Las Vegas, NV 89121

I have read and understand section I thru X of CCSD REG 3613.	
Signature: _____	Date: _____
Responsible Person	
<p>(Because this document is a public record, information you provide is subject to disclosure upon request pursuant NRS Chapter 239. However, failure to provide contact information to the District will result in a denial of a facility use permit.)</p>	

For School Site Administrator Use		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Services Requested:			
Custodian:	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Requested _____	Start Time _____ End Time _____ Air/Heat: <input type="checkbox"/> Yes <input type="checkbox"/> No
School Police:	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Requested _____	Start Time _____ End Time _____ Field Lights: <input type="checkbox"/> Yes <input type="checkbox"/> No
Theatre Teacher:	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Requested _____	Start Time _____ End Time _____
Campus Monitor:	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Requested _____	Start Time _____ End Time _____
Kitchen Worker:	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Requested _____	Start Time _____ End Time _____
(Kitchen Worker: Requestor must complete a CCF-411, Use of Food Service Kitchen Facilities Request Application)			
*If any services above are requested, it is the school site responsibility to submit all appropriate work orders once permits are received.			

_____ School Site Administrator	_____ Date	
<p>Once complete, send this form along with the Certificate of Insurance, the Additional Insured Endorsement, and non profit letter (if applicable) to Facility Usage, Location 060, or return by fax at 799-5248.</p>		

For Accounting Department Use	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____ Accounting Department Signature	_____ Date

CLARK COUNTY SCHOOL DISTRICT
DISTRICT FACILITY USE PERMIT

LIABILITY AGREEMENT FOR
USE OF CLARK COUNTY SCHOOL DISTRICT FACILITY

The Clark County School District (District) is a self-insured government entity whose liability is governed by the guidelines established in Nevada Revised Statutes, Chapter 41.

The responsibilities of the parties involved when using District facilities are as follows:

CLARK COUNTY SCHOOL DISTRICT

The District assumes liability for the negligent acts and/or omissions of the District's employees with respect to their involvement in this facility use agreement, as required under Nevada law.

GROUP, AGENCY, OR ORGANIZATION

Any group, agency, or organization (group) using District property shall hold harmless and indemnify the District, the Board of School Trustees, the individual members thereof, and/or all District employees for any and all losses, damages, harm, liability, cost, or expense, financial or otherwise, resulting or arising from, during, or as a result of any negligent or intentional action or inaction, error, and/or omission of its group members, agents, employees and/or volunteers in the use of a District facility or in their direction of District employees. In addition, the group, agency, or organization (group) shall defend the District, the Board of School Trustees, the individual members thereof, and/or all District employees and assume all costs, expenses, and liabilities of any nature to which the District may be subjected as a result of any claim, demand, action, or cause of action arising out of the use of a District facility by any group, agency, or organization (group).

The group, agency, or organization shall be responsible for maintaining insurance coverage in force for the life of the agreement. The insurance company(ies) must be licensed to write such insurance in the state of Nevada. The coverage required will be, at a minimum, General Liability Insurance including bodily injury, personal injury, and property damage with limits of at least \$1,000,000 per occurrence. Clark County School District, with the address of the Risk Management Department, must be named on the policy as an additional insured. The group, agency, or organization (group) must provide the principal with certificate(s) of insurance, and additional insured endorsement verifying coverage, at the time of application. The group, agency, or organization (group) shall give the District a thirty (30) day written advance notice of any termination, expiration, and any and all changes in coverage. Deductible and self-insurance retention shall be declared in the certificate(s) of insurance. The liability insurance may be provided under primary policies or by a combination of primary and excess policies. The Risk Management Department will be the final authority in determining if insurance coverage is adequate.

If a condition requiring repair is found, it will be brought to the attention of the District immediately and the District will make the necessary repairs. Any repairs necessary due to the negligent or intentional acts of omissions of the group, agency, or organization, its employees, or volunteers will be the group, agency, or organization's responsibility. The amount of damage shall be decided by the department responsible for making the repairs and the group, agency, or organization shall pay for said damage.

NAME OF ORGANIZATION

SIGNATURE OF RESPONSIBLE PERSON

DATE

