

Paradise ISD - Facility Use Agreement (Rev20180827)

- The use of any school facility must be scheduled through the office of the superintendent.
- Student organizations or organizations made up of Paradise ISD students may not be charged a fee.
- Under no condition will the use of tobacco, alcohol, or other drugs be permitted on school property.
- Facilities used must be cleaned, trash taken out and furniture replaced as close to the condition in which the facilities were found as possible.
- The signor of this agreement is responsible for any breakage or damage caused by their use.
- The following fees will apply:
 - \$12.50/hour to help cover utility cost.
 - \$50.00 deposit for security deposit and/or to obtain keys
- Generally, school facilities will not be used for enterprise functions.
- Care should be exercised to see that all utilities are turned off that were used and that the building is secured by the last official representative of the group using the facilities.

Facility Name: _____

Reason: _____

Date of Use: _____ Times (including set up and clean up): _____

For office use only:

Estimated Hrs: x \$12.50 = _____

Deposit: \$50.00 = _____

Total Paid: _____

	Verify that location and date are available
	Deposit and estimated hours paid (when signing form)
	Date that key will be issued
	Verify that facility rules were followed and no damages were incurred
	Date key returned
	Date deposit returned (if applicable)

TERMS AND CONDITIONS: Final fees, if any, will be figured after the event. Keys must be returned during the next work day schedule after building use. The below signed person will be financially responsible for any and all damages to the building/contents/premises that results from its use of the facility, including property damage, structural damage, and personal injury by myself, its employees, agents, volunteers, guests or subcontractors which occur in the course of use of the building/premises during the rental period.

The undersigned have read, understand and agree to the terms of this Agreement, and further agrees that no oral representations, statement or inducements have been made. (Please turn in form to Admin Office)

Printed Name and Organization

Phone Number

Signature of person responsible

Date

Superintendent Approval

Date