



Evanston/Skokie
 School District 65
 www.district65.net
 Forward to Excellence

1500 McDaniel Avenue
 Evanston, Illinois 60201-3976
 847/492-5887 (Permits)
 847/ 328-7459 (Fax)

APPLICATION FOR USE OF BOARD ROOM

Please return completed form(s) to Sherry Grefenson

Permittee shall comply with all applicable requirements of State, Federal and local regulatory authorities and Board policies with respect to the use of the Premises. Smoking and the use of alcoholic beverages are prohibited.

DOCUMENTS REQUIRED FOR ISSUANCE OF PERMIT

Documents	Public	PTA Sponsored		School Sponsored		District Functions
		High-Risk*	All Other	High Risk*	All Other	
1. Application for Use of Board Room Completed & Signed	Required	Required	Required	Required	Required	Required
2. Certificate of Insurance for One Million Dollars naming D65 as Additional Insured	Required	Required from High Risk* providers	—	Required from High Risk* providers	—	—
3. Hold Harmless – Completed & Signed	Required	Required	Required	Required	Required	—

*High risk activities include but are not limited to physical activities, martial arts, fun fairs or the use of water, fire, ladders or scaffolding.

Name				Date					
Department				Phone					
Address			City		State		Zip Code		
Purpose of Meeting									
Number of People				Board Room A & B					
Board Room A (North Side)			Board Room B (South Side)						
Date(s) of Use				Day(s) of Week					
Beginning Time(s)			Ending Times (s)						
Format for Room Set-Up									
Overhead Projector →		Screen →		VCR →		Other →		Coffee/Tea →	
PowerPoint Presentation? (check one→)		Yes	No	If Yes, Laptop needed? (check one→)			Yes	No	

The undersigned applicant agrees to abide by all rules and regulations adopted by Evanston/Skokie School Board governing the use of the facility and to see that the same are carried out and obeyed by others; to assume responsibility for and to make good any damage to facility or equipment during the period of rental or use.

Signed by _____ Date Submitted _____

For Office Use Only
PERMIT NUMBER: _____ DATE ISSUED: _____
Copies sent to: Requestor, Head Custodian and Educational Technician



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INDEMNIFICATION AND HOLD HARMLESS

IN CONSIDERATION of the Board of Education of Evanston-Skokie School District No. 65, Cook County, Illinois (hereinafter "School District 65"), permitting _____ (hereinafter "Permittee"), to utilize the School District's _____ (hereinafter the "Premises") for a _____ (hereinafter "Permitted Activity") according to the attached schedule on the following date or dates:

Permittee does hereby agree to indemnify, defend and save harmless School District 65, its Board of Education and the members thereof individually, its employees, officers and agents (hereinafter collectively the "Indemnitees"), from and against any and all claims, damages, liability and expense in connection with personal injury or damage to property arising from or out of any occurrence, in, upon or at said Premises in connection with said Permitted Activity occasioned wholly or in part by an act or omission of any person on the Premises in connection with said Permitted Activity. In case the Indemnitees shall be a party to any litigation in which a claim is made arising out of the aforesaid use of the Premises, then Permittee shall protect, defend and hold harmless and pay all expenses and reasonable attorneys' fees incurred by the Indemnitees in connection with such litigation.

It is hereby represented that the person(s) executing this document is duly authorized to act on behalf of Permittee.

Signature of Authorized Agent for Group (Permittee) Date

Name of Group

Address City State Phone



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NON-DISCRIMINATION CLAUSE

The undersigned hereby submits assurance that

Name of Organization / Group

Shall not discriminate or deny equal access to any individual on the basis of sexual orientation or any protected status, including race, color, national origin, sex, religious belief, physical and mental handicap or disability, status as homeless, or actual or potential marital or parental status, including pregnancy, be denied equal access to programs, activities, services or benefits or be limited in the exercise of any right, privilege, advantage, or denied equal access to educational and extracurricular programs and activities.

Signature of Authorized Agent for Group

Date

Name of Group

Address

City

State

Phone