Reset Form

FACILITY USE REQUEST

Cascade Union High School District & Cascade Youth Sports
Turner, Oregon 97392 - 503.749.8488 Fax 503.749.8321

Group/Organization:_____Today's Date:_____

Representative:_____Address:_____Phone:_____

Facilities Requested:_____Dates/Times :_____

Purpose of Requested Use:_____

1. It is agreed that the party or parties using the school facilities will exercise every care in protecting school property, and in the event damage results from improper supervision, a fair adjustment will be made.
2. All authorized use of school grounds or facilities require the user to leave the grounds or facilities **in a condition equal to or better than when receiving authorization for use.**
3. School grounds and facilities will be adequate1y policed during the authorized activity. Extreme care must be exercised to prevent any damage to school property and buildings. Determined damage is at the user's expense.
4. All litter, glass, etc., resulting from authorized usage will be removed at the user's expense immediately following the activity.
5. Any violation or wanton disregard of district policy will result in automatic forfeiture of future use requests.
6. The using agency and / or individual must show proof of liability insurance for the requested activity which covers both personal injury and any damages to district property.
7. Be it further understood that the district assumes absolutely no financial responsibility for any injury or accident, lawsuit, etc., that may occur during the user's tenure of grounds and facilities.
8. Each organization is responsible for the actions of it's participants, including but not limited to: players, coaches, parents and spectators.
9. All participants will respect the authority of officials and behave in a manner which encourages sportsmanship and promotes a positive environment.
10. It is agreed that the party or parties using district facilities will contribute resources toward maintaining and/or enhancing them on a consistent basis during the term of use.
11. Each organization will provide names and addresses of all players and adult volunteers and furnish background checks for any adult working around minor children for one or more day per week.
12. Failure to adhere to the conditions outlined herein will reduce or eliminate use of district facilities by individuals, groups or organizations.

Team/Organization Roster Including Coaches/Volunteers

Name of Player/Participant	Address	Birthdate	School Currently Attending
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Representative Signature_____Charges:$_____Approved by:_____

*Submit this completed form for approval prior to desired facility use.

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