

**Canton Area School District  
Request to Use: Buildings, Grounds and/or Equipment**

**Directions:** Use of the school's facilities, equipment, etc. is subject to [School Board Policy](#). All applicants must fill out this form and file it with the principal of the applicable building at least two weeks in advance of your event. This form must be filled out as complete as possible and signed by the requester. After review by the administrators involved, you will be notified of their decision and any charges or conditions. **TO AVOID CONFUSION, PLEASE BRING YOUR APPROVED COPY OF THIS FORM WITH YOU ON THE DATE OF YOUR EVENT.**

|  |  |  |                   |                     |                   |          |        |
|--|--|--|-------------------|---------------------|-------------------|----------|--------|
| <b>Date(s) of Use:</b>                       |  | <b>Date &amp; Time of Final Event:</b> |                   |                     |                   |          |        |
| <b>Days of the Week Requested:</b>           | Monday   | Tuesday                                | Wednesday         | Thursday            | Friday            | Saturday | Sunday |
| <b>Actual Time of Use: Begin</b>             | <b>End</b>   | <b>Set-Up/Clean Up Time</b>            |                   | <b>hrs. prior</b>   | <b>hrs. after</b> |          |        |
| <b>Property and /or Equipment Requested:</b> |  | High School                            | Elementary School | Equipment Only      |                   |          |        |
| <b>Room(s) to be Used:</b>                   |  | <b>Grounds to be Used:</b>             |                   |                     |                   |          |        |
| <b>Equipment Requested:</b>                  | Laptop Computer  | Projector                              | Projector Screen  | DVD Player          |                   |          |        |
|  | Microphone   | Risers                                 | Podium            | Lighting Assistance |                   |          |        |
|  | Internet Access (Requires Laptop Request)                                      | Sound Assistance (In HS Auditorium)    |                   |                     |                   |          |        |
|  | Other (Tables, Chairs, Etc.)<br><small>(attach add'l sheets if needed)</small> |  |                   |                     |                   |          |        |

|                             |  |               |             |               |
|-----------------------------|--|---------------|-------------|---------------|
| <b>Requesters Name:</b>     | <b>E-mail Address:</b>                           |               |             |               |
| <b>Address:</b>             | <b>City:</b>                                     | <b>State:</b> | <b>Zip:</b> | <b>Phone:</b> |
| <b>Purpose of Activity:</b> | <b>Approx. # of Participants and Spectators*</b> |               |             |               |

**Request perimeter Door to be unlocked**      **No**      **Yes. Unlock door number(s)**      **at**      **and lock at**

**Initial here as your acceptance to abide by all [Rules/Regulations for Use of Buildings and Grounds Equipment](#)**

In consideration for granting this use form I hereby release, waive, discharge and covenant not to sue Canton Area School District (district), its officers, servants, agents and employees (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, while using district property.

|   |                         |    |                |            |
|---|-------------------------|----|----------------|------------|
| <b>Signature:</b>   | <b>Date:</b>            |    |                |            |
| Available as requested: <b>ADMINISTRATIVE REVIEW AND APPROVAL</b> |                         |    |                |            |
| <b>EMS Scheduler:</b>   | Yes                     | No | Initials _____ | Date _____ |
| <b>Principal Approval:</b>  | Yes                     | No | Initials _____ | Date _____ |
| <b>Athl/Act. Director</b>   | Yes                     | No | Initials _____ | Date _____ |
| <b>Supt. Approval:</b>  | Yes                     | No | Initials _____ | Date _____ |
| <b>Business Manager:</b>  | Yes                     | No | Initials _____ | Date _____ |
| <b>Notify Safety Coordinator</b>                                  | <b>Information only</b> |    |                |            |

ADMIN ONLY

\* Groups with expected participants and spectators of 300 or more will be assessed a \$150 fee for expendable supplies