

Ector County ISD
068901

COMMUNITY RELATIONS
USE OF SCHOOL FACILITIES

GKD
(EXHIBIT)1

ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT

REQUISITION FOR USE OF SCHOOL PROPERTY

School _____ Date(s) _____ needed _____
Areas desired _____ Hours _____ needed _____
Purpose _____

Will admission be charged? _____ If yes, amount: Adult _____ Child _____ Other _____

Special equipment and preparation desired of school: _____

Sponsoring organization _____

Address: _____ Phone _____

Requesting individual(s) Date _____

Liquor or controlled substances are prohibited on school property.

FOR SCHOOL USE ONLY

APPROVED _____ DISAPPROVED _____	Principal's Signature _____
Deposit Required \$ _____	
Building Use Fee [see GKD(EXHIBIT)A]: _____	Total charges \$ _____
Area _____	*Days X Hours X Rate= \$ _____
Custodian (Name) _____	\$ _____
_____	\$ _____
_____	\$ _____
Teacher or _____	_____
other on duty (If required by principal)	_____

STATEMENT

Date _____

For use of school facilities as detailed above.

TOTAL AMOUNT DUE \$ _____

Payable upon receipt to: Ector County Independent School District
P.O. Box 3912
Odessa, Texas 79760

Ector County ISD
068901

COMMUNITY RELATIONS
USE OF SCHOOL FACILITIES
STATE OF TEXAS §
COUNTY OF ECTOR §

GKD
(EXHIBIT)2

WHEREAS, _____

is an applicant to use certain facilities of the Ector County Independent School District located in Ector County, Texas and,

WHEREAS, said Ector County Independent School District is desirous of providing such facilities without incurring liability for accidents, injuries or claims of any nature whatsoever on part of said District, or its agents, employees or officers which persons may incur while using such facilities.

NOW THEREFORE, THIS INSTRUMENT WITNESSETH:

That _____

in consideration of the District granting the request of the undersigned for use of such facilities and other good and valuable considerations receipt and sufficiency of which is hereby acknowledged and confessed, do hereby forever release and discharge Ector County Independent School District, its agents, employees, and officers from any and all claims, damages, causes of action, and liability, direct or indirect, for damages resulting from injuries to any person while using the District facilities, whether such injuries be due to accident, negligence or carelessness on part of such person, or persons, or on part of any agent, employee or officer of said District, and we do hereby declare that it is our purpose and intent to fully release the Ector County Independent School District and its agents, employees and officers from any and all claims and/or causes of action growing out of or arising in connection with use of such facilities for all loss and damage of any character or description, including but not by way of exclusion, claims or losses or damage resulting from death, loss of earning capacity, injury to person or property, loss of services, loss arising from any type of disability as well as for damages for pain and suffering (mental or physical) resulting directly or indirectly from any type of injury or accident incurred while using such facilities.

The facility to be used is the _____

_____ on the _____ day of _____ (month), 20____.

It is further agreed that a fee will be paid the Ector County Independent School District, in the amount established by school policy, as cost for utilities and custodial services. It is further agreed that I, or my organization, will be fully responsible for any destruction of property or any loss to the Ector County Independent School District as a result of the use of its properties.

Said charges for use of the facilities are to be paid at the Business Office of the Ector County Independent School District.

WITNESS OUR SIGNATURE this _____ day of _____ A.D., 20____.

WITNESSES: _____