

DEPARTMENT OF EDUCATION - STATE OF HAWAII
APPLICATION FOR USE OF SCHOOL BUILDINGS, FACILITIES, OR GROUNDS
(Application must be received by the School at least 10 working days prior to requested date of use.)

Date _____ 20 _____

WE RESPECTFULLY REQUEST THE USE OF: [] CLASSROOM [] AUDITORIUM [] LIBRARY
[] DINING ROOM [] GYMNASIUM [] OTHER _____

AT _____ SCHOOL ON THE FOLLOWING DATE(S): _____
(month/day/year)

FROM _____ a.m./p.m. TO _____ a.m./p.m. :

FOR THE PURPOSE OF (GIVE INFORMATION ON USE): _____

APPLICANT'S NAME AND ORGANIZATION: _____

ADDRESS: _____ PHONE: Home: _____
Bus.: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS AND AFFIX YOUR SIGNATURE:

- 1. IS YOUR ORGANIZATION TAX-EXEMPT NON-PROFIT? (TAX I.D. NUMBER: _____) [] YES [] NO
2. IS THIS A GOVERNMENT SPONSORED ACTIVITY? (SPONSORING AGENCY: _____) [] YES [] NO
3. IS THIS A SCHOOL/DOE SPONSORED ACTIVITY ? (SCHOOL ADMINISTRATION: _____) [] YES [] NO
4. HAS YOUR ORGANIZATION LEASED THIS SITE REGULARLY IN THE PAST? [] YES [] NO
5. IS THIS A PERSONAL OR PRIVATE BUSINESS ACTIVITY? [] YES [] NO
6. IS THERE A FEE, TUITION, OR DONATION COLLECTED? (AMOUNT: \$ _____ PER DAY/PER HOUR)..... [] YES [] NO
7. DO YOU PLAN TO SUBLEASE THE FACILITY? (Craft Fairs and Carnivals) [] YES [] NO
IF SUBLEASING, ARE ALL SUBLESSEES TO BE COVERED BY APPLICANT'S LIABILITY INSURANCE? [] YES [] NO

I, the undersigned, on behalf of the organization I represent, have answered the above questions truthfully and accurately. If the school facilities, equipment or grounds are not properly maintained by the applicant, the State of Hawaii Department of Education will deny further use of school facilities, equipment or grounds to the individual or organization and seek appropriate restitution for damages incurred. The applicant further understands that the school facilities and grounds are to be alcohol and tobacco free, meaning that the use of any alcohol or tobacco substances are prohibited at all times on school grounds or at any school activities. Furthermore, I understand that as a user of school facilities the activity being conducted shall be lawful. Should disabled persons wish to participate in the requested use, applicants must make reasonable modifications and/or programmatic accommodations to permit such participation.

Signature Date

(To be filled in by the school)

Table with columns: ACTUAL FEES AND CHARGES: TYPE OF REQUEST, TYPE I, TYPE II, TYPE III, CODES FOR CASH RECEIPTS: Org. I.D., Source/Object, Program I.D. Rows include RENTAL, CUSTODIAL*, UTILITIES, and TOTALS.

POLICE AND/OR LIFEGUARD REQUIRED: (NUMBER OF POLICE AND/OR LIFEGUARDS REQUIRED: _____) [] YES [] NO

LIABILITY INSURANCE REQUIRED: (\$1,000,000 liability insurance for craft fairs, carnivals, and certain athletic events)

Company _____ Policy No. _____ [] YES [] NO

YOUR REQUEST FOR USE OF SCHOOL FACILITIES OR GROUNDS IS HEREBY: [] APPROVED [] DISAPPROVED

Signature: _____ Date: _____

(Principal /Designee)

REASON FOR DISAPPROVAL: [] FACILITY REQUESTED NOT AVAILABLE [] OTHER _____
[] CUSTODIAN/STAFF NOT AVAILABLE _____

DEPARTMENT OF EDUCATION—STATE OF HAWAI'I
**STATEMENT INDEMNIFYING STATE AGAINST LIABILITY CLAIM; CIVIL DEFENSE EMERGENCY
NOTICE; SPECIAL PROVISIONS; AND NATIONAL POLLUTANT DISCHARGE ELIMINATION
SYSTEM (NPDES) NOTICE**

(Application for Use of School Buildings, Facilities or Grounds)

School: _____

INDEMNIFICATION STATEMENT

The undersigned individual(s), group and/or organization, his or their heirs, personal representative and assigns, or its officers, directors, members, agents, employees, successors and assigns, for and in consideration of the State of Hawai'i Department of Education permitting and allowing the use of the designated school rooms, buildings, and/or facilities jointly and severally agree(s) to indemnify and save harmless the State of Hawai'i Department of Education against any and all loss, liability, demands, claims, suits, action or proceedings of every name, character and description which may be suffered or incurred by or brought against the State of Hawai'i Department of Education for or an account of any inquires or damages to any person or property received or sustained by any person, directly or indirectly, by or in consequence of the use of the facilities by the undersigned individual(s), groups and/or organization.

**NATIONAL POLLUTANT DISCHARGE
ELIMINATION SYSTEM (NPDES) NOTICE**

The National Pollutant Discharge Elimination System (NPDES) is a regulatory program administered by the United States Environmental Protection Agency that calls for the control and management of storm water pollution. In Hawaii, our storm water drainage systems were designed to prevent flooding by channeling storm water into drains that discharge through outlets along the coastline.

However, the storm water drainage systems were not designed for the disposal of waste or pollutants. In order to protect the environment and fulfill our pollution prevention (P2) responsibilities, the Department of Education must implement best management practices (BMPs) as part of a storm water management plan (SWMP).

CIVIL DEFENSE NOTICE

In the event of a Civil Defense declared emergency during non-school hours, the undersigned is responsible for the safety of their program participants. The Department of Education is not obligated to provide for Civil Defense emergencies during non-school hours except when the applicable school is designated for use as a shelter by the American Red Cross.

The undersigned understands that every effort should be made to prevent pollution as a consequence of using school facilities. Waste and pollution if not curtailed will enter storm drains and eventually make its way to the ocean. Organizers and participants can help by preventing litter and minimizing the use of autos on campus by carpooling, riding bikes, and using public transportation. Report any illegal dumping and observed violations by calling the City Illegal Dumping Hotline at 296-5656 (Honolulu) or the respective county offices (neighbor islands).

SPECIAL CONDITIONS

(to be completed by school administrator as needed)

ACCEPTANCE AND ACKNOWLEDGEMENT BY USER

The undersigned hereby accepts and acknowledges the above (statement, notices, and special conditions).

Signature _____ Date _____ Name of Organization _____

NOTARIZATION (OR) SCHOOL ADMINISTRATOR SIGNATURE

Subscribed and sworn to before me this _____ day of _____, _____, _____ Judicial Court.

Notary Name: _____ Notary License No.: _____

Notary Signature: _____ Commission Expiration Date: _____

-OR-

School Principal or Vice-Principal _____ Date _____