

ADRIAN PUBLIC SCHOOLS
PERFORMING ARTS CENTER

BUILDING USAGE PERMIT

Today's Date: _____

Organization: _____

Permit Holder Name: _____

Spaces Requested: _____

Contact Phone Numbers: Work/Day: _____ Home: _____ Cell: _____

E-mail address (provide for permit confirmation): _____

Address: _____ City: _____ State: _____ Zip: _____

Alternate Contact Person: _____ Phone/Day: _____ Evening: _____

Activity: _____ Approximate Number of People Attending: _____

Day(s) & Date(s) requested: _____

Time In: _____ a.m. / p.m. Time Out: _____ a.m. / p.m. (Include set-up & takedown time.)

Check equipment/staff needed for your event. Indicate number needed.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Lighting Technician | <input type="checkbox"/> Tables # _____ | <input type="checkbox"/> Stage Manager | <input type="checkbox"/> Follow Spot |
| <input type="checkbox"/> Sound Technician | <input type="checkbox"/> Chairs # _____ | <input type="checkbox"/> Stage Crew | <input type="checkbox"/> Keyboard |
| <input type="checkbox"/> LCD Projector | <input type="checkbox"/> Microphone # _____ | <input type="checkbox"/> Event Manager | <input type="checkbox"/> Acoustic Shells |
| <input type="checkbox"/> Podium | <input type="checkbox"/> TV/VCR/DVD # _____ | <input type="checkbox"/> Custodial _____ | <input type="checkbox"/> Choral Risers |

The person signing this permit is held personally responsible for the proper use of the building and equipment and for the supervision of any minors with the group. The permit holder must be at least 21 years old. The permit holder is responsible for any rental fees, damage, custodial fees, etc. for this permit.

I have received a copy of the Rental Rates for School Facilities and Rules and Regulations for Use of School Facilities and agree to abide by them at all times that we are using the school facilities. Failure to meet the conditions of use as stated will result in the immediate cancellation of this rental/use agreement. To the fullest extent permitted by law, sponsor agrees to defend, pay in behalf of, indemnify and hold harmless the Adrian Public School District, its elected and appointed officials, employees and volunteers and others working in behalf of the Adrian Public School District against any and all claims, demands, suits or loss including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from Adrian Public School District, its elected and appointed officials, employees, volunteers or others working in behalf of the Adrian Public School District by reason of personal injury, including bodily injury and death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with the contract. Both parties agree to a mutual waiver of subrogation.

I understand rates are subject to change without notice. I understand and agree to pay any costs associated with this event including but not limited to rent, supervisor or custodial fees. This permit is subject to cancellation should it be found that it could interfere with a scheduled school function, maintenance, unforeseen problems, if schools are closed due to inclement weather or school is not in session for other purposes.

Permit Holder's Signature: _____

Please return completed form for approval to:

FINE ARTS DIRECTOR
785 Riverside Ave., Suite 1, Adrian, MI 49221
Phone: (517) 266-4523 Fax: (517) 265-5381
jdolan@adrian.k12.mi.us

Always have your approved confirmation with you when using the facilities. **Allow 7-10 business days for the permit to be processed.**

Office Use Only:

Class 1 Class II Class III Permit #: _____

Rental Estimate \$ _____ Actual \$ _____ Custodial Estimate \$ _____ Actual \$ _____

Date Received: _____ Date Processed: _____ Approved By: _____