



BUSINESS SERVICES

**USE OF FIELD(S) APPLICATION**

**Cotati-Rohnert Park Unified School District reserves the right to cancel field use at any time.**

**\* \* \* \* Call Field Use Availability Hotline on Day of Use (707) 588-5659 \* \* \* \***

**NOTE:** It is recommended that applicants become familiar with the written Board Policy regarding use of school facilities/field(s). Copies are available on request. There may be a charge for use of field(s).

Date of Application: \_\_\_\_\_

Requesting Use of Field(s) at: \_\_\_\_\_

Date(s) and times(s) of Practices: \_\_\_\_\_

Date(s) and times(s) of Games: \_\_\_\_\_

Person or organization applying for use: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Person applying on behalf of organization: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to organization (officer, member, etc.): \_\_\_\_\_

**NOTE:** The person applying on behalf of a society, group or organization must be a member of the society, group, or organization. He/she must also be an officer of the organization or present **written** authorization from the organization to make such application. This is required by State law.

Primary purpose and nature of organization: \_\_\_\_\_

Intended use of field(s) (be specific): \_\_\_\_\_

Will you charge admission?  Yes  No If so, how much? \_\_\_\_\_

What will proceeds be used for? (be specific): \_\_\_\_\_

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**STATEMENT OF INFORMATION**

**NOTE:** This statement is made under penalty of perjury, and any person so signing this statement, who willfully states therein as true any material matter which he/she knows to be false, is subject to the penalties prescribed for perjury in the Penal Code.

The undersigned, as a duly authorized representative for \_\_\_\_\_, states that, to the best of his/her knowledge, the school property for use of which application is hereby made will not be used for the commission of any crime or any act which is prohibited by law.

The undersigned further declares that \_\_\_\_\_, the organization that on whose behalf he/she is applying for use of school property, upholds and defends the Constitution of the United States and the State of California.

\_\_\_\_\_  
Name of authorized person applying (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### INSURANCE

\_\_\_\_\_ (person/organization), hereinafter referred to as "user" agrees to maintain public liability insurance or to maintain a self-insurance program for its operations and use of facilities of the Cotati-Rohnert Park Unified School District with limits as prescribed below.

The user agrees that under such required public liability insurance policy or public liability self-insurance program, the Cotati-Rohnert Park Unified School District will be named as an additional insured with primary insurance coverage of at least one million dollars (\$1,000,000) combined single limit for personal injury and property damage with respect to the use of the school premises involved. Any public liability insurance or self-insurance program maintained by the Cotati-Rohnert Park Unified School District shall be in excess of, and shall not contribute with, the required liability insurance or self-insurance coverage provided to user. **The user shall provide Cotati-Rohnert Unified School District with a Certificate of Insurance as evidence of all required in force insurance and an endorsement naming Cotati-Rohnert Park Unified School District, its officers, employees, and agents as an additional insured with regard to liability arising out of user activities carried out under the terms of the Agreement.**

Activities determined by the District to be extraordinary risks may require larger amounts of coverage. User agrees to furnish Cotati-Rohnert Park Unified School District a certificate of insurance or of self-insurance as evidence of the existence of the above-described liability insurance/self-insurance requirements, prior to use of facilities. User agrees to provide Cotati-Rohnert Park Unified School District thirty (30) days of prior notice of cancellation or termination of the required liability policy/self-insurance program, and the certificate of insurance or of self-insurance shall require such notice.

\_\_\_\_\_ Initials

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### APPROVAL

*(This Section to be filled out by Business Services)*

\_\_\_\_\_ (person/organization), is permitted to use the requested fields(s), subject to Board policy, and the approved application during the time(s) and date(s) listed on the application.

- Approved by:** Director of Facilities/Maintenance & Operations
- Denied by:** Director of Facilities/Maintenance & Operations

\_\_\_\_\_ Date

Reason for Denial: \_\_\_\_\_

### FEES

Rental Fee \$ \_\_\_\_\_

Deposit \$ \_\_\_\_\_

Fee for Use of District Employee:

Type of Employee: \_\_\_\_\_

Amount of Charge \$ \_\_\_\_\_

Signature/Chief Financial Officer: \_\_\_\_\_

\_\_\_\_\_ Date

Notes: