



# Linn-Mar Community School District Facilities Request Form

Date \_\_\_\_\_

I request permission to use the \_\_\_\_\_ at \_\_\_\_\_  
Room Name School Building

For the time period \_\_\_\_\_ on \_\_\_\_\_  
Specify AM or PM Day of the Week Date(s)

\*for ongoing use throughout the school year, attach a separate page listing all days/dates requested\*

For the purpose of \_\_\_\_\_

Maximum attendance expected \_\_\_\_\_ Time event begins \_\_\_\_\_

The undersigned individual or organization, by its authorized representative, agrees that all rules and regulations of the Linn-Mar Community School District will be strictly adhered to by all persons attending the meeting or event as set forth above. In addition, the room is to be left as it was found and the lights turned off. The undersigned will be responsible for insuring that those persons attending the event will utilize only the room(s) as indicated above and the halls and entrances thereto. The undersigned individual or organization shall be responsible for payment for any damages done to the building, the room or any of its contents, by any person attending the event which it is the sponsor.

The undersigned individual or organization hereby releases Linn-Mar Community School District, its agents and employees and agrees to indemnify Linn-Mar Community School District and hold Linn-Mar Community School District harmless from any and all property damage and bodily injury claims arising out of or resulting from his/her or its negligence during the use of the room as indicated above, including any expenses and attorney fees which Linn-Mar Community School District may incur in defending any such claim. **Each individual or organization is required to furnish a certificate of insurance evidencing commercial general liability insurance in an amount not less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate.**

Additional Requests:

Contact Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Signature/Date of Responsible Staff member of Org \_\_\_\_\_

Bldg. Admin. Signature/Date \_\_\_\_\_

**Return Form To:**  
Linn-Mar Learning Resource Center  
Attn: Sarah Offerman  
2999 N. 10th St.  
Marion, IA 52302  
E-Mail: sofferman@linnmar.k12.ia.us

**For Office Use Only**

Request Approved \_\_\_\_\_ Request Denied \_\_\_\_\_  
Date Received \_\_\_\_\_