## Arizona State Schools for the Deaf and the Blind

## **Application For Use Of Facilities**

Fill out completely and return to: Brandon Howell, Facilities Use Coordinator PO Box 85000, TUCSON, AZ 85754 or FAX to: (520)770-3766

APPLICANT:	TITLE:	DATE:
ORGANIZATION:		
Organization Status (Please Check One):	For Profit:	Non Profit:
ADDRESS:		
CITY:	STATE:	ZIP:
WORK PHONE:	HOME PHONE:	
FAX #:		
Event Name:		
Desription of Event:		
Desription of Event:	Dates/Times To be u	
	Dates/Times To be u	<u>sed</u>
Facility Requested	Dates/Times To be u	<u>sed</u>
Facility Requested	Dates/Times To be u	<u>sed</u>
Facility Requested	Dates/Times To be u	<u>sed</u>

## **IMPORTANT PLEASE READ!**

## With Respect to the Applicant's Use of ASDB Facilities, the applicant agrees to:

- Comply with all federal, state and municipal laws and regulations in addition to the rules of the School, and to provide adequate supervision of all activities. Abide by all school policies while using school facilities. THE CONSUMPTION OR USE OF DRUGS OR ALCOHOL IS STRICTLY PROHIBITED ON SCHOOL GROUNDS. AS OF January 1, 1993, IN ACCORDANCE WITH BOARD POLICY, THERE WILL BE NO SMOKING ON ANY SCHOOL PROPERTY, IN ANY SCHOOL BUILDING NOR IN ANY SCHOOL VEHICLE.
- 2. Indemnify, defend and hold harmless the STATE and SCHOOL from any loss or claim for damages by reason of any bodily injury or property damage arising out of such use.
- 3. Provide a **CERTIFICATE OF INSURANCE** from the applicant's insurance carrier certifying that the applicant carries liability insurance at limits of not less than \$1,000,000 per person and \$500,000 per occurrence on Bodily Injury and \$1,000,000 per occurrence on Property Damage. The Arizona State Schools for the Deaf and the Blind and the State of Arizona must be named as an additional insured thereunder.