

# RHODE ISLAND SCHOOL FOR THE DEAF

## FACILITY USAGE FORM

One Corliss Park, Providence, Rhode Island 02908

Application for Use of School Property and Grounds

Date: \_\_\_\_\_

Name of Association: \_\_\_\_\_

Association Representative: \_\_\_\_\_

Address: \_\_\_\_\_  
Street
City/Town
State
Zip

DayTime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

*I (we) having fully read the Regulations (attached), understand the conditions and rate fees, and agree that the Lessee shall meet claims arising from Lessee's usage of equipment and facilities for breakage or loss. The Lessee will hold the RI School for the Deaf, its Board of Trustees, the State of Rhode Island, and any of its employees, harmless for any personal injuries, liable, or any other suites arising as a result of the use of the facilities by the Lessee to either participants or spectators.*

### Property Use Requested

Cafeteria	<input type="checkbox"/>	Admission to be Charged: Yes___ No___
		Amount: _____
Classroom(s)	<input type="checkbox"/>	Anticipated Maximum Attendees: _____
Conference Room	<input type="checkbox"/>	Audio Equipment Requested: Yes___ No___
Gymnasium	<input type="checkbox"/>	Sports Equipment Requested: Yes___ No___
Outside Field	<input type="checkbox"/>	_____
		List Requested Equipment Usage: _____

### DATE(S) NEEDED:

Start Date: \_\_\_\_\_  
 Month/Day/Year

End Date: \_\_\_\_\_  
 Month/Day/Year

*Please X appropriate day(s) needed. List time in and time out directly below for each day(s).*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

RISD 1

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Rental Charges:

Educational Use Only	A: _____	Voluntary Donation
Field Use	B: _____	\$70.00 per hour
Gym Use	C: _____	\$65.00 per hour, or other agreed price \$ _____
Other	D: _____	_____



Required Endorsement: Police Required: To be paid directly to Providence Police

Yes \_\_\_\_\_ No \_\_\_\_\_ Number Needed \_\_\_\_\_

Fire/Rescue Required: To be paid directly to Providence Fire/Rescue

Yes \_\_\_\_\_ No \_\_\_\_\_ Number Needed \_\_\_\_\_

RISD Personnel Needed/Required: \$50.00/per hour

Janitor \_\_\_\_\_ Maintenance Technician \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

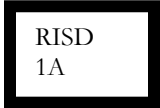


Anticipated Personnel Costs: \_\_\_\_\_



Comments:

Approved \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Agent, RI School for the Deaf



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**USE OF FACILITIES**

**STATEMENT**

It shall be the policy of the Board of Trustees for the Rhode Island School for the Deaf to authorize the use of school building by public, semi-public and private agencies. The Director shall be empowered to grant the use of school building within the following guidelines.

1. The use of school facilities must not conflict with function of purpose of the Rhode Island School for the Deaf.
2. The LESSEE assumes all legal responsibilities and necessary costs resulting from its activities.
3. The LESSEE, by their request for use, assumes liability for obtaining their own Accident and Liability Insurance Policy insuring the LESSEE. The Rhode Island School for the Deaf and the State of Rhode Island remain harmless for any/all liability for personal injuries and/or property damage, which may result during the time the LESSEE, is using the facilities of the Rhode Island School for the Deaf. The minimum amount of coverage shall be \$100,000 for property damage, \$500,000 per person/\$1,000,000 per occurrence for liability and \$5,000 for medical payments. provided that non-profit groups directly related to the public schools or other reputable groups serving the Rhode Island School for the Deaf school age children, shall be exempt from this insurance at the discretion of the Director.
4. An adult supervisor must be present at all times.
5. LESSEE using the school facilities may be required to provide a policeman/policemen, and/or fireman/firemen.
6. LESEE using the gym must dry mop the floor after each use and use the wet mop to clean any spills that may occur. Dry/Wet mops to be provided by RISDeaf.

Please See Over. **Agreement must be signed by LEESEE**





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## **FACILITIES USE REGULATIONS**

It is expressly reserved and stipulated that the Rhode Island School for the Deaf, the Board of Trustees, the Board of Regents for Elementary and Secondary Education, the Rhode Island Department of Education, nor the State of Rhode Island and Providence Plantations shall not be in any way liable to the LESSEE or to any person using the premises on the dates set forth for and damage or injury by reason of any cause whatsoever, and such liability on the part of Rhode Island School for the Deaf, the Board of Trustees, the Board of Regents for Elementary and Secondary Education, the Rhode Island Department of Education, nor the State of Rhode Island and Providence Plantations or any of its employees is hereby expressly disclaimed.

The LESSEE will hold harmless the Rhode of Rhode Island School for the Deaf, the Board of Trustees, the Board of Regents for Elementary and Secondary Education, the Rhode Island Department of Education, and the State of Rhode Island and Providence Plantations and anyone it employs from such liability.

The LESSEE is not responsible for the loss of theft of personal goods.

The LESSEE is hereby responsible for any and all damages to the premises incurred by during its time of use.

The LESSEE will leave the premises in a clean and orderly condition. If additional custodial services are required, the lessee agrees to pay the Rhode Island School for the Deaf the expressed hourly rated noted on the Facility Use Agreement to clean facilities.

The LESSEE reserves the right to cancel or decline the rental of the facility at any time.

If the LESSEE decides to cancel its use of the facilities, it will contact the Rhode Island School for the Deaf or Designee at least 24 hours prior to its agreed upon time of use, if not prior to 24 hours, the fee for rental will incur.

The LESSEE shall provide evidence of liability insurance as previously indicated with the Rhode Island School for the Deaf named as an additional insured.

**I HAVE READ AND AGREE TO THE ABOVE STIPULATIONS AND REGULATIONS AS SET FORTH IN THIS AGREEMENT.**

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**Organization Representative Signature**

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**ORGANIZATION**