

# ASHLAND ELEMENTARY SCHOOL

16 Education Drive • Ashland, New Hampshire 03217

Telephone (603)968-7622

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Shannon J. Bartlett  
*Principal*

Carrie Sanborn  
*School Counselor*

Zachary Morse  
*Athletic Director*

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**Thank you for your interest in using Ashland Elementary School for your meeting or event. I hope you find the following information helpful:**

**1. Please submit your completed request form and copy of Certificate of Insurance at least 7 days prior to your event. Please make sure to review and sign BOTH sides of the form. If your organization is a non-profit group, please also include proof of your non-profit status.**

**2. If you have requested to reserve a room for a series of meetings or events, please attach a list of your anticipated dates to the request form. Also, please contact the school ASAP if you cancel a meeting/event as our custodial staff will be expecting you.**

**3. For use of the cafeteria the Main Entrance doors will be unlocked for your use 30 minutes prior to your noted start time. For use of the library, the Visitor Entrance doors will be unlocked for your use 30 minutes prior to your start time.**

**4. Availability is very limited during school vacations due to custodial schedules.**

**5. In the event of an early release or school cancellation, the school building is usually not available. It is your responsibility to monitor weather related early release or cancellations on local media.**

**6. If your request requires payment, please make checks payable to Ashland Elementary School. Payment should be made within 3 days of the event.**

**Please feel free to contact me if you have any additional questions.**

**Jacqui McGettigan**  
**Office Manager**  
**968-7622**

# Ashland Elementary School –Use of Facilities Request Form

Please complete and return to Ashland Elementary School. All facility requests much include a certificate of insurance as described on page 2.

Name of Organization: \_\_\_\_\_

Date of Use: \_\_\_\_\_ Set up time: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

If the event is a regularly scheduled meeting, please attach a complete list of requested dates.

- ( ) Auditorium    ( ) Cafeteria    ( ) Classroom    ( ) Field  
( ) Gymnasium    ( ) Kitchen per \_\_\_\_\_  
restrictions on page 2    ( ) Library    ( ) Other: \_\_\_\_\_

Reason Facility is being used: \_\_\_\_\_

Will admission be charged? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, how much? \_\_\_\_\_

For what purpose will profits be used? \_\_\_\_\_

Will public be admitted? YES \_\_\_\_\_ NO \_\_\_\_\_ If no, who will attend? \_\_\_\_\_

Is your organization a non-profit organization? YES \_\_\_\_\_ NO \_\_\_\_\_

**You must show proof of non-profit status to be considered for waivers on the fee structure below.**

Requested Equipment: (Please note: we will be accommodate these requests if equipment is available. Prior authorization is required when using any AES equipment. We strongly recommend that you arrange to test equipment prior to your events. AES staff will not be available/responsible for equipment compatibility.)

- ( ) Chairs    ( ) Risers    ( ) Sound System    ( ) Projector    ( ) WiFi Access  
( ) Tables    ( ) Lectern    ( ) Microphones    ( ) Screen    ( ) Other: \_\_\_\_\_

Contact Person (name, address, phone number):  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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

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## For school use only:

The following fees may be charged:

Gymnasium @ \_\_\_\_\_ hr. X \_\_\_\_\_ hrs. = \_\_\_\_\_    Custodian @ \_\_\_\_\_ hr. x \_\_\_\_\_ hrs. = \_\_\_\_\_

Cafeteria @ \_\_\_\_\_ hr. X \_\_\_\_\_ hrs. = \_\_\_\_\_    Café Staff @ \_\_\_\_\_ hr. x \_\_\_\_\_ hrs. = \_\_\_\_\_

Classroom @ \_\_\_\_\_ hr. x \_\_\_\_\_ hrs. = \_\_\_\_\_    Police @ \_\_\_\_\_ hr. x \_\_\_\_\_ hrs. = \_\_\_\_\_

Kitchen @ \_\_\_\_\_ hr. x \_\_\_\_\_ hrs. = \_\_\_\_\_    Other @ \_\_\_\_\_ hr. x \_\_\_\_\_ hrs. = \_\_\_\_\_

SUBTOTAL \_\_\_\_\_ Less Deposit \_\_\_\_\_ BALANCE DUE \_\_\_\_\_

The above application is ( ) Approved    ( ) Denied    ( ) Partially approved (see below)

Please note the following dates will not be available: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
AES Representative Name and Title

\_\_\_\_\_  
Date

CC: Master Calendar Administrator \_\_\_\_\_

Maintenance Manager \_\_\_\_\_

## Hold Harmless Certificate for Facility Request for Special Events

-----Please read this statement carefully and sign below in the designated area-----

### **INDEMNIFICATION**

In consideration for allowing the rental of Ashland Elementary School Facilities and in full recognition of the school board's fiduciary responsibility to protect school property and assets, the lessee (organization or individual) hereby covenants and agrees at all times **to indemnify and hold harmless** the school district, its school board officers, and employees, to the fullest extent permitted by law, from any and all claims, damages, losses and expenses, including, but not limited to, reasonable attorney's fees and legal costs, arising out of the use of these rental premises and all school facilities, by the lessee its officers, employees, agents, representatives, contracts, customers, guests, and invitees.

### **INSURANCE**

**As evidence of its financial ability to indemnify the Ashland School District, during the term of the agreement, lessee shall obtain and pay premiums for Commercial General Liability insurance protecting the parties hereto, their agents, officers, elected officials, representatives, or employees because of bodily injury, property damage, personal injury or products liability incurred by the parties in the performance of the terms of this lease, such policy to provide limits not less than \$1million per occurrence. A Certificate of Insurance Naming the Ashland Elementary School District as an additional insured shall be provided three business days prior to use of facilities. Such insurance contracts shall be with companies acceptable to the Ashland School District and they shall require ten (10) days prior written notice to both parties hereto of any cancellation.**

### **TOBACCO**

In acknowledgment of New Hampshire state statute (RSA 126-K7, 1) which states that, "No person shall use any tobacco product in any public educational facility or on the grounds of any public educational facility, "the lessee covenants and agrees to vigorously enforce said law during the use of the school facilities and school premises by the lessee, its officers, employees, agents, representatives, contractors, customers, guest and invitees.

### **ALCOHOLIC BEVERAGES & CONTROLLED DRUGS**

In acknowledgment of the school district's strictly maintained policy against the sale, possession, use, abuse, or consumption of alcohol or of controlled drugs as defined in RSA 318-B:1, V1, or of a controlled drug analog as defined under RSA 318-B:2, V1-a, lessee covenants and agrees to vigorously enforce said policy during the use of the school facilities and school premises by the lessee, its officers, employees, agents, representatives, contractors, customers, guest and invitees.

### **OTHER**

1. No Modifications to school district facilities are permitted without prior approval of the Ashland School Board.
2. No animals are allowed on school grounds with the exception of certified service animals.
3. Use of a school's Kitchen will require district food service personnel, at the expense of the lessee.
4. Lessee is responsible to provide portable toilets for outdoor activities, if deemed necessary by the school district.
5. Lessee further agrees to reimburse the Ashland School District for any damage caused by their use for the facilities.
6. The lessee agrees to observe all regulations (both state and Federal) relating to the use of the school facilities

### **FEES**

The applicant agrees to pay one-half of the total estimated charges no later than three days prior to the activity. Checks should be made payable to the Ashland School District.

I/We, the undersigned, have received, read and agreed to the above aforementioned information and the School Board's Community Use of School Facilities policy and accompanying administrative rules and procedures.

**\_\_\_\_\_ Certification of Insurance (as described above) is attached or on file with AES. Facility Use Requests will not be approved until we have received a copy of the Certificate of Insurance. It is the lessee's responsibility to provide AES with up to date Certificates of Insurance.**

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