RIVERVIEW SCHOOL DISTRICT 701 Tenth Street, Oakmont, PA 15139

APPLICATION FOR PERMISSION TO USE SCHOOL FACILITIES

Name of Group	Contact Person	
Address	Phone	
School	Email	
Event	Room	
Event Date (Month)	Date	
(Day of week)	Time	
Additional time required for set up or rehearsal	ls:	
Will admission be charged?	Amount	
If yes, explain purpose: Will a collection be taken? If yes, explain purpose:	Adults Will meeting be open to the public?	Children
If this application is made in behalf of an organ	nization, give name, address and telephone number of pers	on(s) responsible for the meeting.
Name (Signature)	Address	Phone
If this application concerns a school affair, give	e names of members of faculty who have consented to be	present during entire time.
general liability insurance for all occurrences and death, with respect to the school facilitic Riverview School District as an additional in fifteen (15) days prior written notice to the D premium, shall be provided to the District. Ri by way of subrogation through or under the use or has the right to be reimbursed out of hazard a waiver of subrogation. In the event user's in waiver of subrogation endorsement from it insurance and death, with respect to the school facilities.	erview School District Fee Schedule for School Facilities, including but not limited to bodily injury, personal injues having a limit or limits as prescribed by District rulensured and shall further specify that the insurance may not bistrict. A copy of such policy or a certificate of insurance inverview School District shall not be liable to the user or ear with respect to any loss, damage, injury or death to the insurance carried with respect to such loss, damage, injury insurance policies do not already provide to waiver of subruler."	ary, damage to property of others, es. Such policy shall name the of the cancelled or changed without ce, as well as proof of payment of to any insurer of the user claiming extent the user shall be reimbursed by, or death. The user shall execute ogation, the user agrees to obtain a
	ongoing operations must name the Riverview School Di	
Attach copy of Certificate of Insurance or Insu	rance Policy with " day Notice of Cancellation privileg	ge"
The user shall hold harmless the Riverview property damage, personal injury or death i	School District, Administration and School Directors from the use of school district facilities.	rom any liability in the event of
Insurance Certificate: YES NO	Signature	Date
Building Secretary must approve here:	(Date)	
Application APPROVED/REJECTED by the	e School Principal	
Principal's Signature	(Date)	