

HILLSDALE COMMUNITY SCHOOLS
"LEARNING FOR A LIFETIME"
30 S. Norwood
Hillsdale, MI 49242

FACILITY USE FORM

EVENT _____ DATE(S) OF EVENT _____

TIME OPEN _____ TIME CLOSED _____

PERSON RESPONSIBLE FOR OPEN/CLOSING _____

BUILDING _____ ROOM _____

ADULT IN CHARGE _____ DAY PHONE /
E-MAIL ADDRESS _____

ADDRESS _____

SPECIAL REQUESTS/SET UP INSTRUCTIONS _____

SPECIAL EQUIPMENT REQUIRED _____

BILL TO: NAME _____

ADDRESS _____

DATE PAID _____

I HAVE READ THE RULES AND REGULATIONS ESTABLISHED BY HILLSDALE COMMUNITY SCHOOLS AND AGREE TO ABIDE BY THEM. I FURTHER AGREE TO PAY FOR ANY DAMAGES CAUSED BY EITHER MYSELF OR ANY MEMBER OF MY GROUP.

THE UNDERSIGNED DOES HEREBY WAIVE, RELEASE AND FOREVER DISCHARGE HILLSDALE COMMUNITY SCHOOLS AND ITS AGENTS AND EMPLOYEES FROM ANY AND ALL INJURY OR DAMAGES SUSTAINED BY THE PARTICIPANT OR HIS/HER PARENTS, LEGAL GUARDIAN, REPRESENTATIVES, HEIRS OR SUCCESSORS ARISING FROM OR OUT OF SAID PARTICIPATION.

APPLICANT _____ DATE _____

ADMINISTRATOR _____ DATE _____