

Washington Township Public Schools
School Usage Form

Name of Organization: _____

School Requested: _____

Purpose: _____

Facilities Required: Room(s): _____

Date Requested: _____ Hours: _____

Person to contact for information/directions: _____ Phone: _____

Tuition: _____ or fee _____ charged to participants, if any.

Admission Charge Per Person: _____

Insurance Coverage For:

Participants: Yes No Spectators: Yes No Certificate Attached: Yes No

RULES AND REGULATIONS:

Application is hereby made to the Board of Education of Washington Township for use of the facilities described. It is hereby understood and agreed that the applicant will assume responsibility for payment of any required charges before the facilities are available. Also, the user is responsible for the preservation of order and for liability for any damage to or loss of property or equipment that may result from the use of the facilities. The user also assumes full responsibility for observation of all regulations of the Board of Education, as well as local, State, and Federal rules and regulations, and rules and regulations of the fire and police departments.

It is further understood and agreed that if the application is granted, the undersigned user will assume full responsibility for liability and insurance coverage for members of its own organization and will hold the Board of Education harmless in the event of any accident or injuries resulting from activity.

It is further agreed that the Policy #7510 of the Washington Township Board of Education, available at all schools, has been reviewed and its Terms and Conditions are acceptable and will be met.

It is further agreed that Regulation # 2431.4 of the Washington Township Board of Education, pertaining to the Prevention and Treatment of Sports Related Concussions and Head Injuries will be reviewed and its Terms and Conditions met.

Name of Organization

Signature of Executive Officer

Please address application to:

Washington Township Parks and Recreation
PO Box 1106
Turnersville, NJ 08012

Address

School Approved _____
Principal

Application Approved _____
WTHS Facility Coordinator

Phone Number _____

cc: Facility Coordinator, Principal, Business Administrator, Applicant, Parks and Recreation