



FACILITIES USE AGREEMENT

This Facilities Use Agreement must be on file with All Saints Episcopal School prior to use. For gym or athletic field use, please contact Rachel Culp, Athletic Director, at (806) 470-1745. For other spaces, contact Misty Deeds, Administrative Assistant, at (806) 745-7701. If any changes occur, please notify the school as soon as possible.

Contact Information

Name:

Phone:

Address:

Date and Time Requested

Date(s):

Time building will open:

Time of Activity:

Time building will close:

Location and Activity

Room Requested:

Activity:

Expected Attendance:

Use of Concession Area in Jones Gym: Y or N

Use of Kitchen Area in Hanslik Gym: Y or N

DR. MIKE BENNETT, Headmaster
PATTI FRULLO, Assistant Head of School

VICKI DENNY, Patriot Learning Center Division Head
DR. GLENN DAVIS, Middle School Division Head

SHERRY FEWIN, Lower School Division Head
RACHEL CULP, Dean of Students / Athletic Director

Special Instructions

Acknowledgment of Responsibility

By signing this agreement, the party agrees to abide by the Facilities Use Policy. The undersigned agrees to be responsible to All Saints Episcopal School for the use, care, and protection of the above named facilities. The undersigned also agrees to take financial responsibility for any damages occurring to the facilities.

Release of Liability and Agreement to Indemnify All Saints Episcopal School

I acknowledge that the nature of the activity may expose the participants to hazards and risks that may result in the participant's illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks.

In consideration of the participant's being permitted to participate in the activity, I hereby accept all risk to the participant's health and of any injury or death that may result from such participation, and I hereby release All Saints Episcopal School of Lubbock, Texas, its governing board, officers, employees, and representatives, hereinafter All Saints, from any and all liability to the participant, the participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to the participant's property and for any and all illness or injury to the participant's person, including death, that may result from or occur during the participant's participation in the activity, whether caused by negligence of All Saints Episcopal School, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless All Saints Episcopal School and its governing board, officers, employees, and representatives from liability for the injury or death of any persons(s) and damage to property that may result from the participant's negligent or intentional act or omission while participating in the activity.

I have read this agreement and understand it to be a release of all claims and causes of action for the participant's injury or death or damage to the participant's property that occurs while participating in the activity, whether as a result of All Saints negligence or other cause and it obligates me to indemnify All Saints' for any liability for injury or death of any person and damage to property caused by the participant's negligent or intentional act or omission.

Signature

Signature of All Saints Representative

Print Name

Print All Saints representative name

Date Signed

Date Signed