

**SNOQUALMIE VALLEY SCHOOL DISTRICT RENTAL APPLICATION FOR SCHOOL FACILITIES**  
 PO BOX 400 - 8001 SILVA AVE SE - SNOQUALMIE WA 98065

TODAY'S DATE \_\_\_\_\_

COMPLETE THE APPLICATION AND RETURN WITH \$15 NON-REFUNDABLE PROCESSING FEE TO THE REQUESTED SCHOOL.  
 APPLICATION IS NOT APPROVED UNTIL BUSINESS OFFICE RETURNS SIGNED APPLICATION VIA EMAIL (OR USPS).

**\*\*\*SCHOOL BUILDING AND SPACE REQUESTED (EX: MSHS - AUDITORIUM)** \_\_\_\_\_

Applicant/Organization: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

BILLING Address: \_\_\_\_\_ City-State-Zip \_\_\_\_\_

EMAIL(S): \_\_\_\_\_ EVENT CONTACT NAME: \_\_\_\_\_

PURPOSE OF EVENT \_\_\_\_\_ NUMBER OF ATTENDANTS \_\_\_\_\_

Type of Rental	Dates of Use	Hours of Use		
<input type="radio"/> One Time	Date: _____	From	To	Total
<input type="radio"/> Weekly M-T-W-TH-F-SA-SU	*Start Date _____ End Date _____	From	To	Total
<input type="radio"/> Long Term (over 6 mo)	*Start Date _____ End Date _____	From	To	Total

\* Attach Detailed Calendar

\*\* NOTE: Any change to original schedule will be assessed a \$15 CHANGE FEE.

Equipment Needed / Additional Comments: \_\_\_\_\_

Applicant/Organization shall **provide proof of general liability coverage** of no less than \$1 million dollars per occurrence. SVSD must be named as additional insured on said policy. Coverage shall not be cancelled or reduced without thirty (30) days written notice to the district.  attached  on file

Youth Sports Programs – Pursuant to H.B. 1824, the Applicant agrees to fully comply with the State of Washington requirements for concussion and head injury education, prevention, and management. Access to facilities under this Agreement will not be granted until all requirements are complete and approved by SVSD and/or designee. **(Head Injury Form attached - Fill out and return if applicable)**

Your signature acknowledges that you have read and understand SVSD Policies regarding facility rental (attached) and **commits to pay all fees associated with this rental**. Your signature further acknowledges that you are authorized to sign on behalf of the Applicant/Organization and that the Applicant/Organization agrees to protect, defend, indemnify, and **save harmless the District** and its officers and employees from any and all claims, liabilities, damages, or rights of action directly or indirectly growing out of the use of the premises covered by this permit. The Applicant/Organization further agrees to reimburse SVSD for any damage arising from the Applicant's use of said facility.

The Snoqualmie Valley School District complies with all federal and state statutes and regulations and does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal, and provides equal access to the Boy Scouts and other designated youth groups. This holds true for all district employment and student opportunities. Inquiries regarding compliance and/or grievance procedures may be directed to the school district's Title IX/RCW 28A.640 Officer and Section 504/ADA Coordinator, Nancy Meeks, P.O. Box 400, Snoqualmie, WA 98065, or phone 425-831-8015.

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

DISTRICT USE ONLY	Processing Fee: \$15
User Fee: \$ _____ X _____ = \$ _____ (x _____ = _____) Rate Hours Total PER USE multiple uses	Date Received: _____
Equipment / Other Charges: Item _____ \$ _____ Item _____ \$ _____	Received by: _____
Extra Hours for Custodial/Kitchen Staff: \$ _____ X _____ = \$ _____ Rate Hours Total	Check #: _____
<b>TOTAL ESTIMATED CHARGES \$</b> _____	<b>USER CLASSIFICATION</b>
	I – School Related <input type="radio"/>
	II – Youth Oriented <input type="radio"/>
	III – Adult Oriented <input type="radio"/>
	IV – Profit / Commercial <input type="radio"/>

Facility Principal \_\_\_\_\_ Date \_\_\_\_\_

Operations Manager \_\_\_\_\_ Date \_\_\_\_\_

Assigned Custodian as needed \_\_\_\_\_

Business Office \_\_\_\_\_ Date \_\_\_\_\_



**Snoqualmie Valley School District 410**  
8001 Silva Avenue SE, PO Box 400, Snoqualmie WA 98065  
Phone (425) 831-8000 FAX (425) 831-8040

**SNOQUALMIE VALLEY SCHOOL DISTRICT**

**Compliance Statement for HB 1824, Youth Sports – Head Injury Policies  
(attach to any building/facility use request form)**

\_\_\_\_\_ requests the use of the  
(name of renting organization)

Snoqualmie Valley School District’s facilities for the following dates:

\_\_\_\_\_, a private non-profit youth sports group, verifies  
(name of renting organization)  
all coaches, athletes, and their parents/guardians have complied with mandated policies for the management of concussions and head injuries as prescribed by HB 1824, Section 2.

Attached is a Proof of Insurance under an accident and liability policy issued by an insurance company authorized to do business in Washington State, covering any injury or damage with at least \$50,000 due to bodily injury or death of one person, or at least \$100,000 due to bodily injury or death of two or more persons.

Signed:

\_\_\_\_\_  
Representative of Private Non-Profit Youth Sports Group

\_\_\_\_\_  
Date

*Note: Access to school facilities may not be granted until all requirements of this application are complete and approved by the school district and/or designee.*