



## Rabun County High School Facility Usage Form

Today's Date: \_\_\_\_\_

### Contact Information

Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Event Title & Description: \_\_\_\_\_

\_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Set up Time: \_\_\_\_\_

Event Time: \_\_\_\_\_ to \_\_\_\_\_

Take Down End Time: \_\_\_\_\_

Facility Requested: \_\_\_\_\_

The User of the Facility shall abide by all rules and regulations applicable to the use of the facilities required by the Rabun County School Board and shall abide by the individual school rules. The User of the Facilities shall properly supervise and protect all individuals participating in the use of the facilities.

The User of the Facilities hereby agrees to indemnify and hold harmless Rabun County Board of Education, its officers, agents, employees, and the District from any damage or accidents or injury that may happen to the user or his agents, servants, employees, or property from any cause whatever, prior, during, or subsequent to the period covered by this agreement, and the said user hereby releases the District from any and all claims for such occurrences.

By signing this agreement, the applicant for use of the facility agrees to comply with all of the assurances outlined in the Facilities Use Request Form and all policies and procedures of the Board of Education.

The User of Facilities shall pay the Rabun County School System in accordance with the attached Fee Schedule for the use of the facilities.

**Facility Usage Fees:**

- Fine Arts Facility (\$850 for 8 hours; \$100 each additional hour)
- High School Stadium (\$850 for 8 hours; \$100 each additional hour)
- High School Gym (\$350 for 8 hours; \$100 each additional hour)
- Cafeteria (\$100)
- Kitchen (\$150 for 3 hours; \$20 each additional hour)
- Media Center / Classrooms (\$25 each classroom)
  
- Supervisor (\$30/hour)
- Custodial Personnel (\$25/hour per person)
- Sound Technician (\$20/hour)
- Lighting Technician (\$20/hour)

Signature: \_\_\_\_\_

\_\_\_\_\_

Amount of Facility Fees: \_\_\_\_\_

Approved by Principal: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by Superintendent: \_\_\_\_\_

Date: \_\_\_\_\_