

ASPEN ACADEMY FACILITY USE APPLICATION and AGREEMENT (External/Evening Request)

Event Date: _____ Beginning Time _____ Ending Time _____

Organization or User _____ Number Attending _____

Area(s) Requested: Gym Lunch Commons Art Room Music Room Kindergarten Rm

MS Science Room Playground Other _____

Event or Activity (please describe) _____

Contact Person _____ Phone _____

Contact Email _____

IN CONSIDERATION of the use of Aspen Academy’s facility and grounds as listed above, User hereby releases and forever discharges Aspen Academy, a Minnesota public school and non-profit corporation its employees, school board members and other officers (the School) and agrees to defend, indemnify and hold the school harmless from any and all claims, demands, damages, actions, or suits of any kind or nature arising out of use of the School’s facilities, building(s), grounds or equipment in connection with User’s use of the same including but not limited to on account of bodily injuries sustained by anyone using the facilities, building(s), grounds or equipment.

User further agrees to provide proof of liability insurance covering the use of the School’s facilities with limits acceptable to the School naming Aspen Academy and Savage Education Partners LLC as additional insureds. Insurance may be in the form of a “blanket” policy or a certificate for one-time events. Insurance Policy copy received on _____. (required)

User understands that facility use fees for the above activity is estimated to be \$ _____. User must submit a deposit of half this amount to reserve the space requested. User agrees to pay the remaining invoiced amount, plus any additional amounts for custodial services, supervision when Aspen staff would not normally be in the buiding, trash removal or damage if the school would not have otherwise incurred those costs, within 30 days of the date of the invoice. A late fee of \$25.00 will be charged to unpaid invoices and the group will be suspended from further facility rental until all outstanding invoices are paid. A \$35.00 fee will be assessed for any returned checks.

User’s Signature _____ Date _____

For (Organization) _____

Administrative Approval _____ Date _____

User Receptionist Staff on Duty _____ Amt Pd _____

Custodial Business Mgr Other _____ Amt Due _____