



FACILITIES REQUEST FORM

Requesting Organization's Contact Information

Name: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Requestor's Signature: _____ Date: _____

Requested School/Facility: _____

Event Date: _____ Start Time: _____ AM PM

End Time: _____ AM PM

Event Type/Description: _____

Other than date and time of function, will other use be required? Yes No

Decorating Rehearsal Band Load-in/out

Deliveries Break-Down Other _____

Time Required: _____ Date: _____

Liability Insurance Provided? Yes No

Additional Insured should read as follows: (1) New Beginnings Schools Foundation (2) Recovery School District

Hold Harmless Submission(s): Yes No

Please submit Hold Harmless Form for all Participants/Occupants.

BUILDING AREAS REQUESTED

- Auditorium Cafeteria Gymnasium Kitchen
 Library Multi-Purpose Room Rooms to Dress Qty. _____
 Classroom(s) Qty. _____ Exterior Field

ADDITIONAL SERVICES

Item	Description	Quantity (if applicable)
<input type="checkbox"/> HVAC**	_____	_____
<input type="checkbox"/> Chair(s) **	_____	_____
<input type="checkbox"/> Table(s) **	_____	_____
<input type="checkbox"/> Audio**	_____	_____
<input type="checkbox"/> Video **	_____	_____
<input type="checkbox"/> Technology **	_____	_____
<input type="checkbox"/> Custodial **	_____	_____
<input type="checkbox"/> Security (*) **	_____	_____
<input type="checkbox"/> Other **	_____	_____

REQUEST: APPROVED DENIED

Principal's Signature: _____ Date: _____

CEO's Signature: _____ Date: _____

Director of Operations Signature: _____ Date: _____

- * Only an approved staff member may be substituted.
- ** Additional costs are associated with this facility request.
- *** Fees for facility use must be PAID IN FULL, by certified check or money order, at least one (1) week prior to date of function or request will be denied.

**NEW BEGINNINGS SCHOOLS FOUNDATION
USE OF FACILITIES HOLD HARMLESS
RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, equipment and services of the New Beginnings Schools Foundation (i.e. **Lake Area Early College High School, Gently Terrace, Medard H. Nelson or Pierre Capdau**) for any purpose, the undersigned for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has had the opportunity to carefully consider such facilities, equipment and services. It is further warranted that such entry into the New Beginnings Schools Foundation facilities or use of equipment or services constitutes an acknowledgement that such facilities, equipment and services thereon have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER NEW BEGINNINGS SCHOOLS FOUNDATION FACILITIES FOR ANY PURPOSE, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE NBSF, The Recovery School, Orleans Parish Schools, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or use of equipment or services therein with the New Beginnings Schools Foundation, with the sole exception of injuries or death which arise out of the sole negligence or willful misconduct of the New Beginnings Schools Foundation.....

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the New Beginnings Schools Foundation facilities and/or premises or in any way observing or using any facilities, equipment and / or services of the New Beginnings Schools with the sole exception of injuries or death which arise out of the sole negligence or willful misconduct of the New Beginnings Schools Foundation.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about or upon the premises of the New Beginnings Schools Foundation and/or while using the premises or any facilities, equipment and services with the sole exception of injuries or death which arise out of the sole negligence or willful misconduct of the New Beginnings Schools Foundation.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Louisiana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

Signature of Applicant

Date

Organization

Phone Number