

EKALAKA PUBLIC SCHOOLS

P.O. Box 458

EKALAKA, MT 59324

Ekalaka Elementary #15
106 E. Park St.
Phone (406) 775-8765
Fax (406) 775-8769

Carter County High School
111 W. Speelmon St.
Phone (406) 775-8767
Fax (406) 775-8766

WEIGHT ROOM FACILITY USE AGREEMENT

Individual Requesting Facility Use: _____

Premises and Conditions:

Conditions of Facility Use:

Use of District facilities is conditioned upon the following covenants:

- A. That NO alcoholic beverages, tobacco or other drugs are sold or consumed on the premises by the requesting individual.
- B. NO illegal games of chance or lotteries will be permitted.
- C. That no functional alteration of the premises or functional changes in the use of such premises shall be made without specific written consent of the District.
- D. This agreement will be in effect from the ____ day of _____, 20____ to the ____ day of _____, 20____.
- E. In a case of carelessness or neglect, the requesting individual shall be responsible for all actual damages, including cost, disbursements, and expense, resulting while it has use of premises.
- F. That the premises will not be opened to anyone under the age of 18 without adult supervision.

Insurance and Indemnification:

The requesting individual, by signature below, hereby guarantees that the individual shall indemnify, defend and hold harmless the District and any of its employees or agents, from any liability, expenses, costs (including attorney's fees) damages, and/or losses arising out of injuries or death to any person or persons or damage to any property of any kind in connection with the individual's use of the District facility which are not the result of fraud, willful injury to a person or property, or the willful negligent violation of a law.

This agreement is made and entered into this ____ day of _____, 20____.

_____/_____
Signature/Date