

# Clark County School District DISTRICT FACILITY USE REQUEST

CONTROL NUMBER

**For Group Use**

Profit  Non-Profit (Provide non-profit status letter)

Requested School Name: \_\_\_\_\_ Location Number: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Responsible Person: \_\_\_\_\_

Organization Address (PO Box Not Accepted): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone/Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Description of Events: \_\_\_\_\_

Is the Responsible Person a CCSD employee?  Yes  No  
If yes, what location?: \_\_\_\_\_

Cost to Participants: \_\_\_\_\_ Admission Costs: \_\_\_\_\_ Estimated number of participants and attendees per hour: \_\_\_\_\_

Will there be any recording or internet streaming including, but not limited to, audio, filming, video, or digital types of recording?  Yes  No

Area Requested: \_\_\_\_\_ Air Conditioning/Heat Requested:  Yes  No

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

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Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**This form is only a request until approved by the Accounting Department.** Payments are due ten (10) business days prior to the event. Once payment is received the event will be listed on the Master Event Calendar and a permit will be issued, if applicable. Events not listed on Master Event Calendar are subject to closure by School Police or other District administrators. **CCSD fiscal year is July 1 through June 30. If your event overlaps fiscal years, separate requests are required for each fiscal year.**

**NOTE: According to NRS 388.135, members of clubs or organizations which use public school facilities, regardless of whether the club or organization has any connection to the school, or any pupil shall not engage in bullying or cyberbullying on the premises of any public school, at an activity, or on any school bus.**

**Are any of the following high-risk activities planned for your event?**

- 1. Circus performances, animal shows, or similar traveling shows?  Yes  No
- 2. Carnivals that are NOT operated by school-affiliated groups (such as PTAs, PTOs, PACs)?  Yes  No
- 3. Use of dunk tanks, bounce houses, super slides or other inflatable apparatus?  Yes  No
- 4. Use or discharge of weapons, fireworks or other pyrotechnic displays?  Yes  No
- 5. Aerial operations including skydiving, hot air balloons, helicopters, or fixed wing aircraft?  Yes  No
- 6. Use of animal or motor-driven carts and trailers?  Yes  No

**CERTIFICATE OF INSURANCE, ENDORSEMENT PAGE, AND LIABILITY AGREEMENT (CCF-410 PAGE 2 OF 2) ATTACHED**

Certificates of Insurance must be completed as follows according to CCSD Regulation 3613:

- 1. Name and address on permit must be same as Name of Insured
- 2. Requesting Organization **MUST** have physical street address (no PO Boxes)
- 3. Clark County School District **MUST** be shown as Additional Insured
- 4. Ensure that the Additional Insured Endorsement is attached to the Certificate of Insurance.
- 5. Certificate Holder **MUST** be shown as: Clark County School District  
4828 S. Pearl St., Las Vegas, NV 89121

I have read and understand the Guidelines for Facility Usage by Non-School Groups, CCSD REG 3613, and if filming, CCSD REG 3613.2

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Responsible Person (No Digital Signature)

(Because this document is a public record, information you provide is subject to disclosure upon request pursuant NRS Chapter 239. However, failure to provide contact information to the District will result in a denial of a facility use permit.)

**For School Site Administrator Use**

**Approved**  **Denied**

**Services Requested:**

Custodian:  Yes  No # Requested \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_ Air/Heat:  Yes  No

School Police:  Yes  No # Requested \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_ Field Lights:  Yes  No

Theatre Staff:  Yes  No  Licensed  Support Staff Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Campus Monitor:  Yes  No # Requested \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Kitchen Worker:  Yes  No # Requested \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

(Kitchen Worker: Requestor must complete a CCF-411, Use of Food Service Kitchen Facilities Request Application)

**NOTE: It is the school's responsibility to submit all appropriate work orders for requested services once permits are received.**

\_\_\_\_\_  
School Site Administrator (No Digital Signature)

\_\_\_\_\_  
Date

Once complete, email this form along with the Certificate of Insurance, the Additional Insured Endorsement, and non profit letter (if applicable) through Google E-mail to 0060 Facilities Correspondence Inbox.



**For Accounting Department Use**

**Approved**  **Denied**

\_\_\_\_\_  
Accounting Department Signature

\_\_\_\_\_  
Date

CLARK COUNTY SCHOOL DISTRICT  
**DISTRICT FACILITY USE PERMIT**

LIABILITY AGREEMENT FOR  
USE OF CLARK COUNTY SCHOOL DISTRICT FACILITY

The Clark County School District (District) is a self-insured government entity whose liability is governed by the guidelines established in Nevada Revised Statutes, Chapter 41.

The responsibilities of the parties involved when using District facilities are as follows:

**CLARK COUNTY SCHOOL DISTRICT**

The District assumes liability for the negligent acts and/or omissions of the District’s employees with respect to their involvement in this facility use agreement, as required under Nevada law.

**GROUP, AGENCY, OR ORGANIZATION**

Any group, agency, or organization (group) using District property shall hold harmless and indemnify the District, the Board of School Trustees, the individual members thereof, and/or all District employees for any and all losses, damages, harm, liability, cost, or expense, financial or otherwise, resulting or arising from, during, or as a result of any negligent or intentional action or inaction, error, and/or omission of its group members, agents, employees and/or volunteers in the use of a District facility or in their direction of District employees. In addition, the group, agency, or organization (group) shall defend the District, the Board of School Trustees, the individual members thereof, and/or all District employees and assume all costs, expenses, and liabilities of any nature to which the District may be subjected as a result of any claim, demand, action, or cause of action arising out of the use of a District facility by any group, agency, or organization (group).

The group, agency, or organization shall be responsible for maintaining insurance coverage in force for the life of the agreement. The insurance company(ies) must be licensed to write such insurance in the state of Nevada. The coverage required will be, at a minimum, General Liability Insurance including bodily injury, personal injury, and property damage with limits of at least \$1,000,000 per occurrence. Clark County School District, with the address of the Risk Management Department, must be named on the policy as an additional insured. The group, agency, or organization (group) must provide the principal with certificate(s) of insurance, and additional insured endorsement verifying coverage, at the time of application. The group, agency, or organization (group) shall give the District a thirty (30) day written advance notice of any termination, expiration, and any and all changes in coverage. Deductible and self-insurance retention shall be declared in the certificate(s) of insurance. The liability insurance may be provided under primary policies or by a combination of primary and excess policies. The Risk Management Department will be the final authority in determining if insurance coverage is adequate.

If a condition requiring repair is found, it will be brought to the attention of the District immediately and the District will make the necessary repairs. Any repairs necessary due to the negligent or intentional acts of omissions of the group, agency, or organization, its employees, or volunteers will be the group, agency, or organization’s responsibility. The amount of damage shall be decided by the department responsible for making the repairs and the group, agency, or organization shall pay for said damage.

\_\_\_\_\_  
NAME OF ORGANIZATION

\_\_\_\_\_  
SIGNATURE OF RESPONSIBLE PERSON  
(No Digital Signature)

\_\_\_\_\_  
DATE

