

Dallas Center-Grimes Community Schools Equipment Rental Form

NAME OF CONTACT	
CONTACT ADDRESS	CONTACT PHONE
Street _____	EMAIL
City _____ ZIP _____	
EQUIPMENT REQUESTED , DATES OF USE AND INTENDED USES FOR EQUIPMENT.	
All information on this application must be completed and signed before this application will be approved.	
I have read, understand and agree to abide by all PROCEDURES, RULES, REGULATIONS and INSURANCE COVERAGE REQUIREMENTS specified on this form. <input type="checkbox"/> Yes <input type="checkbox"/> No	

I/We agree to be bound by the following conditions:

1. Availability of the furnishings and/or equipment is contingent upon the activity not interfering with the District's educational and activity program. **I/we understand that the District reserves the right without penalty (but with refund of any prepaid charges) to cancel any agreement to allow my/our use of the furnishings and/or equipment.**
2. The use of the furnishings and/or equipment will comply with law and the rules of the District.
3. I/we will exercise care in the use of the furnishings and/or equipment and agree to compensate the District for any damage done to the property of the District. The individual representative agrees to reimburse the District in the event the organization fails to make reimbursement.
4. The activity will be constantly supervised by an adequate number of adult sponsors.
5. No District property shall be altered or modified or have logos or markings made on it without District approval.
6. I/we agree to pay all charges in advance.
7. I/we agree to provide an insurance certificate naming the District as an additional insured with the appropriate limits if requested in advance of the activity.
8. The organization agrees to indemnify, save and hold harmless the District, its officials, agents, and employees from any and all claims or damages, including attorney's fees and expenses, that may arise by reason of the organization's use of the furnishings and/or equipment or arising from any activity thereon by the organization, its officers, agents, employees, or invitees.

Parent:	Approved:
Printed Name:	District Official Title:
Date:	Date:

Rental Costs

Football Helmet	\$5.00
Other Football Equipment	\$5.00
Athletic Safety Equipment	\$5.00/season

Checks payable to DCG Schools

Payment Received: _____

Equipment Returned: _____