

# Blue Ridge Unified School District Facilities Use Form



**Blue Ridge Unified School District #32**  
**1200 W. White Mountain Blvd., Lakeside,**  
**AZ 85929 (928) 368-6126**

Organization Name: \_\_\_\_\_

Responsible Party Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Intended Use of Facilities: \_\_\_\_\_

- Check  BRUSD Function
- All  Fees Charged to attend Event
- That  100% Proceeds to BRUSD Club/Org
- Apply  Non-Profit Organization?

Requested Facilities	Dates	Times	Total Days	Total Hours
Personnel/Equipment Needed	Dates	Times	Total Days	Total Hours

Total Fees: Note usage fees are due 10 days prior to the event. Make all checks payable to Blue Ridge Unified School District.

SIGNATURE RESPONSIBLE PARTY: \_\_\_\_\_ DATE: \_\_\_\_\_

SITE/DISTRICT ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

FACILITIES COORDINATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

# Blue Ridge Unified School District Facilities Use Form

## Terms of Agreement for Use of Blue Ridge Unified School Districts Facilities

*Note: This agreement is subject to change based on the needs of the Blue Ridge Unified School Districts Activities. Blue Ridge Unified School District reserves the right to **cancel** (with refund) or move the dates if it interferes with school activities.*

The organization/lessee agrees to abide by ALL the District rules and regulations governing the use of school facilities. Lessee agrees to return the facilities to the district in as good or better condition as it was received. Any damages that occur to Blue Ridge Unified School's facilities while being used by the organization or lessee, such damages /repairs shall be paid for by the using organization/lessee. **A MINIMUM FEE OF \$500.00 WILL BE ASSESSED FOR BROKEN, DAMAGED AND/OR DIRTY FACILITIES.** Arizona Revised Statutes state that school facilities are in a **ZERO TOLERANCE ZONE**, which prohibits smoking, drinking of alcoholic beverages, drugs and firearms on school district property which includes all sidewalks and easements.

As per Governing Board Policy KF, the cost for the use of this facility will be based upon the classification of the user/organization, the facilities and time used. The Lessee agrees to the cost of the facility listed on page one of this form. The user will be billed for the above stated costs prior to the event and all fees must be paid 10 days before the event occurs. Unpaid fees/invoices will begin accruing interest monthly until paid. Any organization with unpaid fees and invoices will not be allowed to use the facilities in the future until all fees/invoices are paid in full. Insufficient fund returns will be subject to additional charges incurred and any collection fees obtained.

## Use of Facility Key Agreement

ARIZONA REVISED STATUTE 13-371S provides that any person who, for oneself or for another misuse a key to any building or other area owned by, operated or controlled by the district without prior, written authorization from the Governing Board/Superintendent or Authorized representative is guilty of a class 3 misdemeanor. Misuse of such a key in this regard includes: **Manufacturing or duplicating keys, unauthorized possession of district keys, using a district key for any facility other than what it was authorized for, loaning or permitting the use of a district key while in your authorized possession.**

All keys are to be returned the following working day after the *event*. There will be a lost or broken key charge of \$50.00 per key.

## User/Lessee Insurance Requirements

***The using organization/lessee shall provide documentation of Liability Insurance of (1,000,000.00) and Property Damage Insurance of (100,000.00) listing Blue Ridge Unified School District as an additional or coinsured. This documentation must be provided 5 days prior to the use of facilities. Without proof of insurance, the organization will not be allowed to use the facility.***

I, the undersigned hereby acknowledge that I have read and understand the District's Facility Agreement Policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Blue Ridge Unified School District Facilities Use Policy



## FEE CLASSIFICATION SCHEDULE

### CLASS 1 (No Fees Based On The Following Criteria)

1. All BRUSD and AIA mandated events
2. All BRUSD club activities and practices
3. All BRUSD fundraisers where 100% of proceeds go to Blue Ridge club or organization
4. Volunteer clubs and organizations where membership consists of BRUSD children and/or staff. (Boy/Girl Scouts; PTSA; Booster Club, Community Sports Programs, etc.)
5. BRUSD Clubs/Teams hosting camps, tournaments and fundraisers where students or teams from other schools pay a fee to participate and the staff are compensated for their time worked through club fund

### CLASS 2 (See Attached Fee Schedule)

1. All outside nonprofit clubs and organizations (Churches, Elks Club, Rotary Club, Schools, etc.)
2. Local Performing Arts Groups, Cultural Programs and Government Organizations (City, State and Federal), Businesses, Local Choirs, Dance Companies, Community Board and Business Meetings, etc.)

### CLASS 3 (See Attached Fee Schedule)

1. Commercial or for profit organizations
2. Any and all events, activities or classes held at Blue Ridge where the proceeds are used for personal monetary gain

#### General Requirements:

\*Incomplete forms will not be processed. A complete form will contain the requestor signature, the requested site administrative signature prior to submittal to District Office

\*Facility users, aside from Blue Ridge mandated activities, must provide a Certificate of Liability Insurance that names Blue Ridge Unified School District as an additional insured in the amount of no less than one million dollars (1,000,000.00) liability and no less than one hundred thousand dollars (100,000.00) property/fire damage coverage \*District events take precedence over requested facility events

\*In season sport requests will be priority scheduled over out of season activities

\*A request resulting in a facility booking of 24 hours will be billed at a maximum rate of 13 hours

ALL FACILITIES MUST BE LEFT IN AS GOOD OR BETTER CONDITION THAN WHEN AN ORGANIZATION USED IT.

**A MINIMUM FEE OF \$500.00 WILL BE ASSESSED FOR BROKEN, DAMAGED AND/OR DIRTY FACILITIES.**

## Blue Ridge Unified School District Facilities Use Policy

<b>SPORTS FACILITIES (PER HR)</b>					
LOCATION	FACILITY	CLASS 1	CLASS 2	CLASS 3	LINING
HIGH SCHOOL	BASEBALL FIELD	NO CHG	\$35	\$45	\$65
HIGH SCHOOL	STADIUM FIELD	NO CHG	\$125 1 <sup>ST</sup> HR \$60 ADD'L	\$150 1 <sup>ST</sup> HR \$60 ADD'L	\$130
HIGH SCHOOL	SOCCER	NO CHG	\$40	\$50	\$90
HIGH SCHOOL	TRACK	NO CHG	\$40	\$50	
HIGH SCHOOL	FB PRACTICE	NO CHG	\$40	\$50	
HIGH SCHOOL	EAST PRACTICE	NO CHG	\$40	\$50	
HIGH SCHOOL	SOFTBALL FIELD	NO CHG	\$40	\$50	
HIGH SCHOOL	LITTLE LEAGUE	NO CHG	\$40	\$50	
MULTI PURP	PRACTICE FIELD	NO CHG	\$40	\$50	
ELEMENTARY	PRACTICE FIELD	NO CHG	\$40	\$50	
ELEMENTARY	GYM	NO CHG	\$45	\$50	
JUNIOR HIGH	GYM	NO CHG	\$45	\$50	
JUNIOR HIGH	GYM W/SHOWER	NO CHG	\$45	\$50	
HIGH SCHOOL	OLD / NEW GYM	NO CHG	\$45	\$50	
HIGH SCHOOL	GYM/SHOWER	NO CHG	\$125 1 <sup>ST</sup> HR \$60 ADD'L	\$150 1 <sup>ST</sup> HR \$60 ADD'L	
HIGH SCHOOL	EAST GYM	NO CHG	\$45	\$50	
HIGH SCHOOL	EAST GYM/SHOWER	NO CHG	\$45	\$50	
ALL	ALL FIELDS/LIGHTS	NO CHG	\$30	\$35	
REQUEST FOR ALL SPORTS FACILITIES FOR AN EVENT THAT HOSTED OUR SPORTS TEAM WOULD RESULT IN A FLAT RATE CHARGE OF \$30 PER HOUR					

<b>CONCESSION STANDS (PER HR)</b>				
LOCATION	FACILITY	CLASS 1	CLASS 2	CLASS 3
HIGH SCHOOL	STADIUM	NO CHG	\$26	\$40
HIGH SCHOOL	BASEBALL	NO CHG	\$26	\$40
HIGH SCHOOL	SOFTBALL	NO CHG	\$20	\$28
HIGH SCHOOL	LITTLE LEAGUE	NO CHG	\$20	\$28

## Blue Ridge Unified School District Facilities Use Policy

<b>GENERAL AREAS (PER HR)</b>				
LOCATION	FACILITY	CLASS 1	CLASS 2	CLASS 3
ALL SCHOOLS	CLASSROOMS	NO CHG	\$22	\$24
ALL SCHOOLS	COMPUTER LABS	NO CHG	\$40	\$45
ALL SCHOOLS	COMMON AREAS	NO CHG	\$22	\$23
ALL SCHOOLS	MULTI-PURPOSE	NO CHG	\$32	\$38
ALL SCHOOLS	LIBRARIES	NO CHG	\$40	\$45
ALL SCHOOLS	KITCHENS*	**	\$60	\$75
HIGH SCHOOL	BISTRO/DINING*	NO CHG	\$30	\$35
HIGH SCHOOL	CAFETERIA/DINING*	NO CHG	\$35	\$40
DISTRICT OFFICE	BOARD ROOM (LG)*	NO CHG	\$100 1 <sup>ST</sup> HR \$55 P/HR THEREAFTER	\$150 1 <sup>ST</sup> HR \$65 P/HR THEREAFTER
DISTRICT OFFICE	BOARD ROOM (SM)*	NO CHG	\$75 1 <sup>ST</sup> HR \$35 P/HR THEREAFTER	\$100 1 <sup>ST</sup> HR \$45 P/HR THEREAFTER
HIGH SCHOOL	AUDITORIUM*	NO CHG	\$150 1 <sup>ST</sup> HR \$65 P/HR THEREAFTER	\$155 1 <sup>ST</sup> HR \$65 P/HR THEREAFTER
<b>*NO FOOD OR DRINK ALLOWED IN AUDITORIUM OR BOARD ROOMS</b>				
<b>*STAFF MUST BE CONTRACTED FOR USE OF THE IDENTIFIED FACILITIES ADDITIONAL FEES WILL BE APPLIED AS NOTED BELOW</b>				

<b>USE OF DISTRICT PERSONNEL (PER HR)</b>			
PERSONNEL	CLASS 1	CLASS 2	CLASS 3
AUDITORIUM COORDINATOR	NO CHG	\$28	\$31
TECHNOLOGY DEPARTMENT	NO CHG	\$35	\$35
CUSTODIAN/MAINTENANCE	NO CHG	\$31	\$31
FOODSERVICE	NO CHG	\$28	\$31
<b>DISTRICT PERSONNEL ASSIGNED WITH A 2 HOUR MINIMUM CHARGE AND AT DISCRETION OF DISTRICT ADMINISTRATION.</b>			

## Blue Ridge Unified School District Facilities Use Policy

<b>PARKING LOTS (PER HR)</b>				
LOCATION	FACILITY	CLASS 1	CLASS 2	CLASS 3
HIGH SCHOOL	AUD/GYM/SIDE	NO CHG	\$22	\$24
HIGH SCHOOL	FRONT/DO/STREET	NO CHG	\$22	\$24

<b>DISTRICT EQUIPMENT FEES (PER HR)</b>			
EQUIPMENT	CLASS 1	CLASS 2	CLASS 3
TABLES	NO CHG	\$2	\$4
CHAIRS (METAL FOLDING)	NO CHG	\$2	\$4

Please contact David Martinsen for Facilities rentals at [dmartinsen@brusd.org](mailto:dmartinsen@brusd.org)

Please contact Sophia Federico for Facility invoice questions at [sfederico@brusd.org](mailto:sfederico@brusd.org)



**BLUE RIDGE SCHOOL DISTRICT**  
TRADITION - ACHIEVEMENT - INNOVATION  
EST 1963

OVERNIGHT  
 OUT-OF-STATE  
 OFF CAMPUS

**Field Trip/Activity Form**  
**Blue Ridge Unified School District (BRUSD)**  
**CONSENT/RELEASE/LIABILITY WAIVER**

Student \_\_\_\_\_ School \_\_\_\_\_

Club/Group/Class \_\_\_\_\_ Supervising Faculty Member \_\_\_\_\_

Activity \_\_\_\_\_ Location \_\_\_\_\_

Date & Time of Departure \_\_\_\_\_ Date & Time of Return \_\_\_\_\_

Method of Transportation:

School Bus  Charter Bus  Private Car  Leased Vehicle  Walking  Other

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**MEDICAL INFORMATION**

Does your child have any of the following conditions?

Epilepsy/Seizures  Yes  No Motion Sickness  Yes  No Diabetes  Yes  No

Any Medication  Yes  No Asthma/Wheezing  Yes  No Heart Disease  Yes  No

Muscular/Skeletal Problems  Yes  No Hemophilia/Bleeding Disorders  Yes  No

Is there any other condition that might possibly require treatment and/or medication during the trip? Yes   
No  If yes, you must complete and attach the Administration of Non-Prescription Medication Consent Form  
and/or the Administration of Prescription Medication Consent Form.

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Student has medical insurance  Yes  No If yes, you must complete and attach a copy of proof of  
insurance to this form.

Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

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**PARENT CONSENT / RELEASE / LIABILITY WAIVER**

I am the parent or legal guardian of the Student named above. I have the legal right to consent to and, by signing below, I hereby consent in all respects to the terms of this form. I desire and consent to Student voluntarily attending and participating in the Field Trip/Activity. I understand that Field Trip/Activity is not a required activity for Student.

In exchange for Student being allowed to participate in Field Trip/Activity and for other good and valuable consideration, I hereby freely, voluntarily, and without duress execute this Release and agree to the following terms:

**1. Assumption of Risk.** I am aware and understand that the Field Trip/Activity may be inherently dangerous and may expose Student to a variety of foreseen and unforeseen hazards and risks. I acknowledge that I have considered these risks and am voluntarily allowing Student to participate in the Field Trip/Activity. I hereby expressly and specifically assume such risks, including any and all risk of injury, harm, or loss that Student may incur as a result of participating in Field Trip/Activity.

**2. Medical Treatment.** I hereby give consent and authority to BRUSD staff to obtain medical treatment on Student's behalf. I understand and agree that I am solely responsible for all costs related to such medical treatment, including medical transportation. I hereby release, forever discharge, and hold harmless BRUSD from any claim whatsoever in connection with such treatment or other medical services provided to Student.

**3. Release and Waiver.** I hereby fully and forever release and discharge BRUSD from, and expressly waive, any and all liability, claims, and demands of whatever kind or nature, that may arise from Student's participation in the Field Trip/Activity. I agree not to make or bring any such claim or demand against BRUSD. I UNDERSTAND THAT THIS RELEASE DISCHARGES BRUSD FROM ANY LIABILITY OR CLAIM THAT STUDENT MAY HAVE AGAINST BRUSD WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, LOSS OF LIFE, PROPERTY DAMAGE, OR PROPERTY LOSS THAT MAY RESULT FROM THE FIELD TRIP/ACTIVITY.

**4. Insurance.** I understand that BRUSD does not provide medical, health, disability, or life insurance of any nature in the event of Student's injury, illness, or loss of life.

**5. Indemnification.** I hereby agree to defend, indemnify, and hold harmless BRUSD from any and all liability, loss, damage, judgment, and expense (including attorney's fees) that may occur as a result of Student's participation in the Field Trip/Activity.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL TERMS OF THIS FORM AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS FOR BOTH MYSELF AND STUDENT, INCLUDING THE RIGHT TO SUE BRUSD.

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Parent/Guardian Name (Please Print)

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Parent/Guardian Name (Signature)

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Home Phone

Work Phone

Cell Phone

Emergency Phone