



The Governing Board

Anthony J. Aponte
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Superintendent

Dr. Lupita Hightower

Dear Community Member,

Welcome to our Facilities Rental department. If you are interested in using our facilities, please call Mr. Joshua Jacobson, Director of Operations, to see if the facility or field is available. If it is available, please fill out the forms under this section to start the process, all forms are attached and can be printed; hard copies are available at District Office at 9261 W. Van Buren St., Tolleson, AZ 85353.

1. Call Mr. Joshua Jacobson at 623-980-6068 or send an email to jjacobson@tesd17.org to see if the room, gym, field, or conference room is available by providing date(s) and time(s) for your event. If a gym is requested, there is an additional waiver form that must be signed (all forms are attached).
2. Print and fill out the TESD17 Community Use of School Facilities Request Form and drop off, email or fax the form to either:
 - a. 9261 W. Van Buren St., Tolleson Elementary School District Office – turn it in to the receptionist/front desk staff; ATTN: Mr. Joshua Jacobson, Director of Operations
 - b. jjacobson@tesd17.org
 - c. Fax: 623-533-3934
3. Print and fill out the Facilities Use guidelines (sign and date)
4. Print and fill out the TESD Prospective Occupant Checklist (please sign and date)
 - a. Liability Insurance Certificate must be provided with the district listed as an additional insured
 - b. If you do not already have liability insurance, the checklist provides information on how to purchase from a third party including a link to get a certificate of liability insurance <https://app.gatherguard.com/>
5. Once all forms are submitted and approved, you will receive your TESD17 Community Use of School Facilities Request Form signed by the District, with the amounts due based on the fee schedule approved by the governing board and administrator confirming your request has been approved.

All forms are also available at the district office in hard copy for you to fill out and leave with the receptionist/front desk staff.

If you have any further questions, please contact us via phone or email.

Sincerely,

Joshua Jacobson

Director of Operations

Tolleson Elementary School District No. 17

Ph: (623) 533-3931

Cell: (623) 980-6068

Updated 7.13.2023

Tolleson Elementary School District COMMUNITY USE OF SCHOOL FACILITIES REQUEST FORM

Please allow two weeks for processing. All requests for use of facilities must be approved by the school principal and/or facilities administrator. Please read guidelines. A Certificate of Insurance must accompany this application.

DATE(S) Requested:

One-time Use Date: _____ Day of Week: Saturday

Multiple Dates of Use (list each date) _____

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Setup Time: Start Time: _____ (please designate time needed to allow event setup)

Event Time: Start Time: _____ End Time: _____

Load Out Time: End Time: _____ (please designate time need after event for cleanup)

Site Requested: _____

Room/Area Requested: _____

Seating Set-up Requested?: _____

Classroom Hollow Square U-Shaped Conference Theater

Other: _____

Special Equipment Needed: Public address system Computer Projector Podium

Special Instructions: _____

Name of Organization: _____

Nature of Activity: _____

Address of Organization: _____

Person Responsible: _____

Telephone: Cell: _____ **Work or Home:** _____

Email address: _____ **Date of Request:** _____

Office Use Only				
Date(s)	Facility Description	Total Hours	Rate	Fee

Signature: _____

Proof of Insurance: X Yes 0 No Date Received: _____ Deposit Received: _____

Facility Use Guidelines

General Safe Practices

The occupant shall adopt and follow safety measures during its operations at the district facility.

Cooperation

The occupant is expected to cooperate with district personnel to promote safe operations. The occupant should review the specific facility use guidelines below, and any additional safety and security recommendations, with district personnel prior to use of the facilities.

Facility Use Guidelines

Facility use shall be conducted in compliance with all applicable statutes, rules, and regulations, and with district policy.

The occupant shall require participants to wear appropriate clothing, and shall furnish such clothing if necessary.

The occupant shall observe district vehicle parking guidelines. The occupant shall not allow any parking in areas marked with red, indicating a fire lane.

The occupant shall maintain all occupied facility areas in a clean, well-organized manner.

If playground equipment is used, the occupant shall provide adult supervision of at least one adult for every 20 children using equipment.

If the property (or premises) will be used for an athletic activity, the occupant shall comply with the requirements of A.R.S. Section 15-341(A)(24) regarding concussions and head injuries.

Any electrical tools, appliances, or extension cords used by the occupant shall be in good condition. Extension cords are to be taped to the floor to avoid a trip hazard.

All means of access or egress shall be identified by the occupant and communicated to participants.

The occupant shall identify and inform participants of any areas in which travel is not permitted. Roadways and sidewalks to be used shall be inspected by the occupant and must remain clear of obstructions during use.

All materials used shall be properly handled, stored, or stacked.

The occupant shall provide signs and markers necessary to inform participants of rules and maintain the facility in a safe manner. The occupant shall not smoke, nor serve or use alcohol or narcotic drugs, during use of the facility, with the exception of the consumption of alcohol if permitted by the district, subject to the district's policies and procedures.

The occupant shall maintain a list of emergency agencies and phone numbers at all times.

The occupant shall provide adequate supervisory personnel to ensure that the foregoing guidelines are implemented and followed during facility use.

Occupant (organization) name: _____

Occupant contact name (print): _____

Occupant Contact Signature: _____ Date: _____

TOLLESON ELEMENTARY SCHOOL DISTRICT NO. 17
PROSPECTIVE OCCUPANT CHECKLIST

For each item below, the prospective facility occupant should read the instructions and check the appropriate box.

Y N

- 1. Have you read, completed, and signed the Facility Use Agreement? Will you comply with its terms and conditions?
- 2. Have you read and signed the Facility Use Guidelines Will you comply with the requirements?
- 3. Do you understand that you are responsible for informing all event participants of the need to comply with the terms of the Facility Use Agreement and Facility Use Guidelines?
- 4. Do you have the necessary evidence of liability coverage?

If you answered “YES” to questions 1 through 4, please sign below and return this form to the district.

If you answered “no” to one or more of questions 1 through 4, please work with district personnel to resolve any questions and complete the remaining steps. If you answered “no” to question 4, you have the option of purchasing the necessary general liability coverage through a third party vendor Gather Guard

Choose one of our schools or district office below:

Arizona Desert Elementary School at
8803 W. Van Buren St., Tolleson, AZ 85353 click on this link <https://app.gatherguard.com/?v=0524-979>

Porfirio H. Gonzales Elementary School at
9401 W. Garfield St., Tolleson AZ 85353 click on this link <https://app.gatherguard.com/?v=0524-980>

Sheely Farms Elementary School at
9450 W. Encanto Blvd., Phoenix AZ 85037 click on this link <https://app.gatherguard.com/?v=0524-981>

Desert Oasis Elementary School at
8802 W. McDowell Rd., Phoenix AZ 85037 click on this link <https://app.gatherguard.com/?v=0524-821>

or for the District office at
9261 W. Van Buren St., Tolleson, AZ 85353 click on this link <https://app.gatherguard.com/?v=0524-982>

Once you have purchased liability insurance for the date(s) of your event, please sign below and return this form along with: (1) the signed Facilities Request Form; (2) the signed Facility Use Guidelines; and (3) a copy of your insurance certificate.

Name of organization using facility: _____

Name of organization contact (print): _____

Signature of organization contact: _____

Date: _____

**Open Gymnasium Informed Consent, Assumption of Risk, Liability Release
and Indemnity Agreement**

Name of Participant: _____

Recreation activities, by their very nature, may present circumstances that place the participants at some risk of injury. The potential of injury varies significantly depending on the type of activity and the intensity of involvement. Please make sure that you have inspected the area to be used and that you have determined that this activity will be appropriate for you based upon your particular physical condition. As a condition for allowing your participation, Tolleson Elementary School District will require that you read this agreement carefully and agree to its terms.

I realize that the activities associated with “open gym” involve the potential for injury and have considered the health risks associated with them. These risks include property damage, bodily injury, illness, or death. These risks may result from a variety of circumstances, including but not limited to, the use or misuse of any equipment, the activity itself, from the acts of others, including school district employees and agents, or from the unavailability of medical care. I also realize that school district employees or agents will not be present at all times and in all areas, and I do not expect supervision by a district employee or agent during any and all activities. I fully appreciate and knowingly assume all such risks.

Because of the risks, I am obligated to comply with all of the rules, regulations and procedures related to the participation of any and all activities. I agree that Tolleson Elementary School District may immediately remove me from participating for any failure to comply with the rules, regulation or procedures, even if such rules, regulations, or procedures are not in writing.

I hereby agree to assume all of the risks and to accept personal responsibility for any and all injuries and damages that I may sustain as a result from participation in this activity. I hereby release, waive, discharge and agree not to sue the Tolleson Elementary School District and its employees, agents, representatives, and volunteers for all demands, losses or damages, including personal injury and death, caused by or alleged to be caused, in whole or in part, by any actions or by the negligence of the released parties.

I agree to defend and indemnify Tolleson Elementary School District and its employees, agents, representatives, and volunteers from and against any claims arising from or related to my acts or omissions while participating in any and all activities. I also agree to pay for any and all property damage caused by me negligently, willfully, or otherwise.

I am aware that Tolleson Elementary School District does not provide accident or health insurance coverage for me while participating in this activity. I understand that this is not an employment activity, and worker’s compensation insurance benefit is not provided to me during my participation in this activity.

In the event of an emergency, I authorize Tolleson Elementary School District and its employees and agents to seek medical treatment as deemed necessary. This authorization does not imply that a school district employee or agent will be present during an emergency.

If any term or provision of this Informed Consent, Assumption of Risk, Liability Release and Indemnity Agreement is held to be illegal, invalid, or unenforceable, or the application thereof to any person or circumstance shall to any extent be illegal, invalid, or unenforceable, then it is the express intention of the parties that the remainder of this agreement, or the application of such term or provision other than to those as to which is held illegal, invalid, or unenforceable, shall not be affected thereby and shall remain in full force and effect.

I have read this agreement and understand that it relates to surrendering and releasing valuable legal rights. I do so freely and voluntarily.

Participant’s Signature

Date