



FACILITY USE INSURANCE WAIVER APPLICATION

ADDENDUM A

Organization / Individual: _____
Street Address: _____
City/State/Zip Code _____
Phone Number: _____
Contact Person: _____
Street Address: _____
City/State/Zip Code _____
Phone Number: _____
Email Address: _____

WHEREAS the Organization/Individual has submitted an Application for School Facility Use and therewith requests a waiver from the Liability Insurance Requirement based upon the following grounds and reasons (describe reasons/hardship and request for waiver):

Is your Organization a non-profit? Yes No
Does your Organization fund only youth activities? Yes No
Does your Organization currently have liability insurance? Yes No
 If Yes, provide insurer: _____

Signature of Organization/Individual making request

Date

APPROVED: _____

DENIED: _____

District Business Manager's Signature

Date