



APPLICATION AND AGREEMENT FOR USE OF SCHOOL FACILITIES

Fountain Valley School District

Maintenance & Operations Department Contact: Rhonda Mello
17330 Mt. Herrmann St. Email: mellor@fvsd.us
Fountain Valley, CA 92708 Phone: 714-668-5882

Contact Name Michael Ramirez Cell Phone 7148757612 Today's Date July 24, 2021

Organization Name AYSO REGION 5 Website WWW.AYSO5.ORG

Are you a 501(c) non-profit organization? Yes No If yes, please provide Tax ID# 95-6205398

Name or Description of Event PRACTICE

Is there an admission fee or monetary contributions collected? Yes No If yes, amount \$

What is the purpose for the fee or monetary contribution?

Is this event open to the public? Yes No If so, how will you advertise? COACH EMAIL

Billing Address 17870 NEWHOPE STREET 104-482 City Fountain Valley CA Zip 92708

Billing Contact Michael Ramirez Phone 7148757612 Email ayso5rc@gmail.com

School Location Requested COX ELEMENTARY Space Requested SOUTH AND NORTH SOCCER FIELD

Additional Comments/Equipment Requests

Table with 7 columns: DATE(S), DAY OF WEEK, START TIME, END TIME, ESTIMATED # OF PEOPLE, CONTACT PERSON, CELL PHONE. Row 1: Aug 2-Oct 31, M-TH, 5 pm, Dusk, 50, Michael Ramirez, 7148757612

HOLD HARMLESS & INDEMNIFICATION AGREEMENT

Alterations or Modifications to this Agreement will NOT be Accepted

ALL PERMISSIVE USERS AGREE BY THEIR SIGNATURE BELOW TO HOLD THE FOUNTAIN VALLEY SCHOOL DISTRICT, ITS GOVERNING BOARD AND THE INDIVIDUAL MEMBERS THEREOF AND ALL DISTRICT OFFICERS, AGENTS AND EMPLOYEES FREE AND HARMLESS FROM ANY LOSS, DAMAGE, LIABILITY, OR EXPENSE THAT MAY ARISE OUT OF, OR IN ANY CONJUNCTION WITH, THIS FACILITY USE AGREEMENT. THE UNDERSIGNED FURTHER AGREES TO INDEMNIFY ANY DAMAGES, LOSSES, LEGAL ACTIONS, SUITS, OR JUDGEMENTS THAT MAY ARISE FROM PERSONAL OR BODILY INJURIES, PROPERTY DAMAGE OR OTHERWISE. THE DISTRICT REQUIRES THE FACILITY USER TO PROVIDE A CERTIFICATE OF INSURANCE AND TO NAME THE DISTRICT AS AN ADDITIONAL INSURED FOR BODILY INJURY, LIABILITY, AND PROPERTY DAMAGE IN THE FOLLOWING AMOUNTS: ONE MILLION DOLLARS FOR EACH OCCURANCE AND TWO MILLION DOLLARS IN THE AGGREGATE. mr

I HAVE READ AND AGREE TO ABIDE BY THE RULES AND REGULATIONS AS STATED ABOVE AND ON PAGE 2 OF THIS DOCUMENT. I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT/REPRESENTATIVE Michael Ramirez Digitally signed by Michael Ramirez Date: 2021.07.31 12:48:29 -07'00' DATE July 24, 2021

Office Use Only

Received by Date Site Approval Date

Facilities Approval Date 8/3/21 APPLICANT QUALIFIES FOR FREE USE Yes No

APPLICATION DENIED DATE DISTRICT CANCELLED DATE APPLICANT CANCELLED DATE